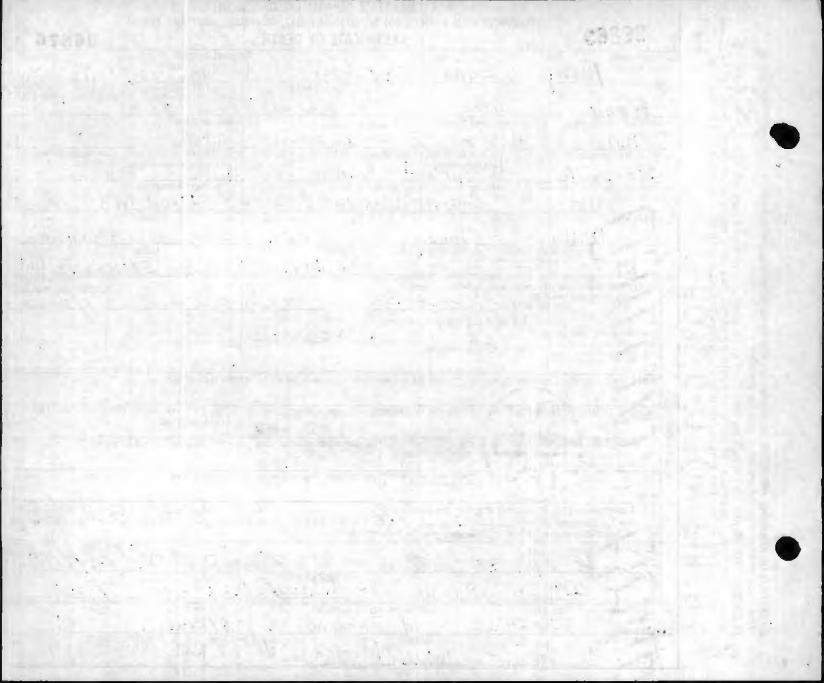
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06863 CERTIFICATE OF DEATH 06876 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle First and (Type or print) Manth era Alexand 6:30P.M IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGÉ (In years IF UNDER 1 YEAR 3. SEX DAYS HOURS lost birthday) 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED X DIVORCED and in any event, within 72 requires that the death certificate be executed within 24 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street oddress Sykesvil 13c. CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Sykesville remaye 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) MR. cremation, or removol, 18. CAUSE OF DEATH (Enter only one couse per ling-for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave } signed by the burial-transit burial, cremati rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital ar attending prior to he 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? NO X YES 🔲 Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED County Stote City or Town While Not while at work O FUNERAL DIRECTOR: After , 196 A, ta 2/ causes stated abave, (1) (we) (did) (did with view the bady after death 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** DEGREE PHYS. Fage 4 may 8 22e. ADDRESS PHYSICIAN'S NAME (Type) director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) 25a. RECD BY, REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS**



CERTIFICATE OF DEATH

MARRIED T

WIDOWED X

17. INFORMAN

Ello

Middle

11. NAME OF HOSPITAL OR INSTITUTION (IF

166. SOCIAL SECURITY NO.

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY

P.M.

22a. I certify that (1) (this haspital) attended the deceased from July 29

HOUR A.M.

give street oddress) /2

7b. CITIZEN OF WHAT COUNTRY?

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CIPY OR TOWN admission) STATE and 13b. COUNTY are 11

Middle

[If yes give war or dates of service)

18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and

IMMEDIATE CAUSE (o)

12b. KIND OF BUSINESS OR

06877

2b. HOUR

NEVER MARRIED

DIVORCED

2o. DATE OF DEATH

9. COUNTY OF DEATH

120. USUAL OCCUPATION (Kind of work done

13e. STREET AND NUMBER

6. AQE (In years

BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR MONTHS

DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

> 20g. AUTOPSY? YES I

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

Month Day Year

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

PHYS.

22e. ADDRESS

City or Town

19 68, and that in (my) (our) opinion death accurred an the date and have and from the

County

Stote

saw the deceased alive an May 10 causes stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE

DEGREE

ATTENDING

DIRECTOR

22c. DATE SIGNED

BURIAL EREMATION

PHYSICIAN

NAME (Type)

DECEASED-NAME

(Type or print)

14. FATHER'S NAME

Yes, no, or unknown)

7a. BIRTHPLACE (State or fareign

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if only, which gove to rise to immediate couse (a),

stating the underlying cause

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING . CAUSE OF DEATH

(If either, notify medical examiner)

190. DATE OF OPERATION

21d. INJURY OCCURRED

While Not while of work

3. SEX

FINKSBURG-CHURCH

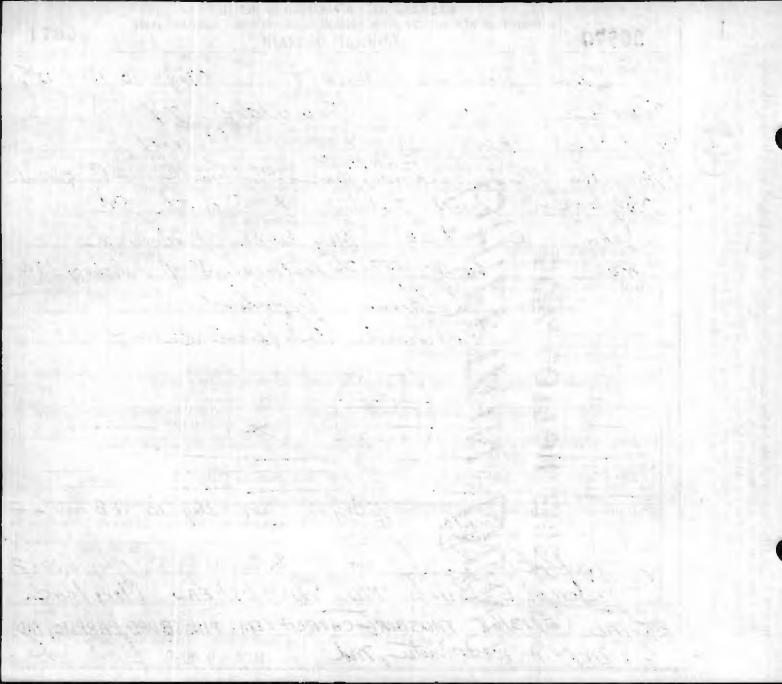
23d. LOCATION (City or Town) FINRSBURG

24. FUNERAL DIRECTOR

2So. REC'D DATE

25b. REGISTRAR'S SIGNATURE

death. requires that the death certificate be executed within 24 haurs after death funeral 1 and campletely and in any signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, attending far use as the t f Health priar tab has been be detached for State Dept. of H TO FUNERAL DIRECTOR: After be retained director, page 3 should be filed v Page 4 may t **VR A15** 30M REV, 1/68



DECEASED-NAME (Type or print) 3. SFX couptry)

requires that the death certificate be executed within 24 hours after death

physician and campletely filled in by the I

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and in any

signed by the attending physiburial-transit permit. Then pl burial, crematian, ar removal,

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director, page 3 shauld shauld be filed with the

30M REV. 1/68

be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL (Page 4 may b

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 20. DATE OF DEATH First 2b. HOUR = 113abeth Month 4 RACE 6. AGE (in years IF UNDER 24 HRS S. DATE OF BIRTH last birthday HOURS MONTHS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN give street oddress) 4 during most of workinglife, even if retired.) 13d. INSIDE CITY LIMITS?

13g, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e STREET AND NUMBER 13b. COUNTY YES 🐼 14. FATHER'S NAME IS. MOTHER'S Middle Middle Lost MAIDEN NAME First 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION

CAUSES OF DEATH? YES T NO J 21g. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County City or Tawn

While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 11/1 4/25 _19 62, and that (n/my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. couses stoted obove, (1) (we) (did) (did not) view the body ofter death. 22b. S ATT SIGNED

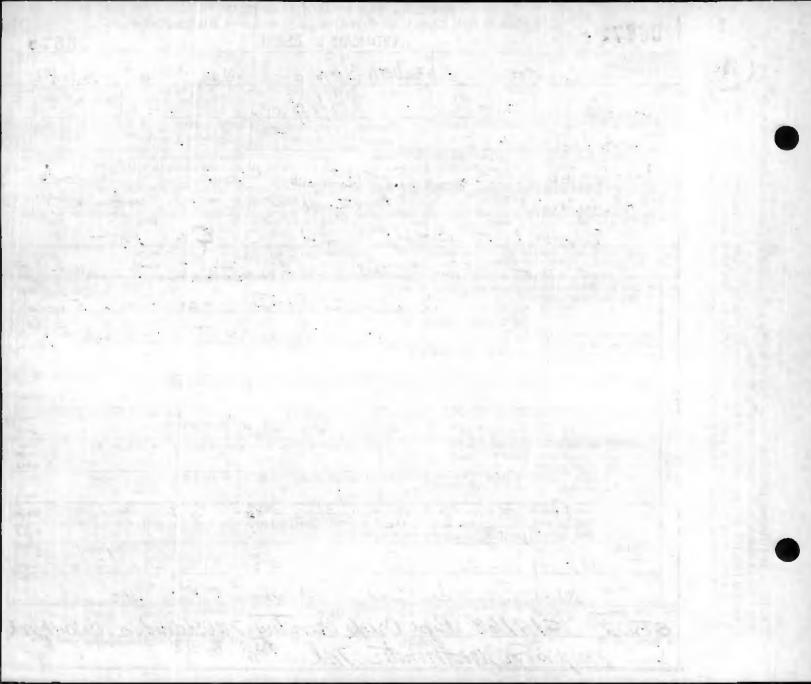
IGNATURE W	11	Ti	ban	d	MD	DEGREE	ATTENDING PHYS.	MED. DIRECTOR		STAFF PHYS.		220 0
PHYSICIAN'S NAME (Type)	W	1.1-	+ Fo	ATN	M.	0	22e. ADDRES	sanch	0	sto	20	M

NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23g. BURIAL CREMATION (County) REMOVAL (Specify) REGISTE OR SHAPE BURE 2Sa.

24. EUNERAL DIRECTO

22d.

State



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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hospi is certi ached Dept. o		While Mot while
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After After be c		saw the decea
R: /		causes stated
cror: /		
		22b. SIGNATURE
- 22		por
> 0 =		22d. PHYSICIAN'S
FRAL or, poor		NAME (Type)
4 - P		
	230.	BURIAL, CREMATION,
Page direct shou	1	REMOVAL (Specify)
5 5 0 N	15	VKITT

		CEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HO
	(1)	ype or print) HARVEY EDWARD BEARD May Month 5 Doy 19 lear 10
3	3. SE)	MALE 4. RACE S. DATE OF BIRTH DEC. 724 1878 6. AGE (In years if under 17 years last birthday) MONTHS DAYS HOURS AND YRS.
	7a. Bi count	IRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 10) MARYLAND U.S.Q. WIDOWED DIVORCED 9. CARROLL CO.
50	W.	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if refired.) 12. INDUSTRY 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.)
		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NOMBER ssian) STATE MARYLA 13b. COUNTY CARROLL WESTMINSTERS NO PROPERTY 13.
1	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle CAYLOR
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wer or dates of service) 214-28-5608A-EARL D. BEARD Address SAME ADDRESS
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
		Conditions, if any, which gave) rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
2	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO PARTIES OF DEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	A	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Port 2, Item 1B.) OR COMMRISUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19
		21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Street work of work
		22a. I certify that (I) (this haspital) attended the deceased fram 1967, and that in (my) (aur) apinion death accurred an the date and havr and fram causes stated abave, (I) (we) (did) (did not) view the bady after death.
		22b. SIGNATURE DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED STAFF SIGNED STAFF SIGNED STAFF SIGNED
1		22d. PHYSHEAN'S NAME (Type) JOHN S. HARSHEY MD & auchon St. Washinston and
D	13	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5/5/68 PEADOW BRANCH FAM WESTIMAS TER CARPOLL IN FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR 3.25b. REGISTRAR 3.
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(Type or print)	John		Cooper	1	Beavin			Month/2	0/68	Yeor	6:00%
3. SEX		4. RACE			S. DATE OF BII	RTH		b. AGE (In year	410	UNDER 1 YEAR	IF UNDER 24 HRS.
Mal	e	W	hite		1	2/1/06		last birthday	YRS.	NTHS DAYS	MIN.
70. BIRTHPLACE (State		7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MAR	RIED	9. COUNTY	OF DEATH			
country) Maryla	nd	U.S.	Α.	WIDOWED		CED 🔀	Car	rroll Co	unty		Mo
10. CITY OR TOWN OF	DEATH		OF HOSPITAL OR INS					ON (Kind of work		12b. KIND OF	BUSINESS OR
Sykesv	ille	Spri	et oddress) ngfield S	State 1	Hospita	1 during mo	ost af warki	ng life, even if rei OK	lired.)	INDUSTRY	
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odmission) STATE N	laryland	135. COUNTY Ba	lto. City	Bal	timore	YES NO	0 1	O E. Pra	tt St	reet	
14. FATHER'S NAME	First	Middle	Lost	15	. MOTHER'S MA	IDEN NAME F	irst	Mi	ddle		Last
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160. WAS DECEASED E			b. SOCIAL SECURITY I	10. 17.	NFORMANT			Add	Iress		
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		y one couse per line	(a), (b), and (c).)		Sykes	ville	, Maryla 217	nd		MATE INTERVAL NSET AND DEATH
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rise to immedia		DUE TO, OR AS	CONSEQUENCE OF		,						
last. 15 3		(c)									
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR C	ONDITION GI	VEN IN PART I(o)			
= Schizoph	renic r	eaction,	paranoid	type.	alcoho	lism.					
190. DATE OF OPE		ONDITION FOR WHICH			20o. AUTO			IF YES, WERE FIN	DINGS CONS	IDERED IN CE	RTIFYING
JIF					YES 🔲	NO X	CAU	SES OF DEATH?			
	CAUSE OF DEATH	HOUR A.M.	JURY Month Day Year	21c. H	OW INJURY OCC	URRED (Enter	nature of in	njury in Part 1 or	Port 2, Iten	n 1B.)	
	medical examin		19			DED N					f
White Nat v	vhile 🗀		FICE BUILDING, ETC.		OCATION Stree			ity or Town		Caunty	State
22a. I certify	y that (I) (thi	s hospital) otteno ive an	ded_the_decease	ed fram	7/3	17, 195	7_, to_	5/20	, 19 0	that	(I) (we) las
saw the	deceased all	ive an ,-(1) (we) (did) (di	d not view the	body after	a inoi in (m [.] death	y) (our) opi	nion deof	n occurred on	the dote	ond hour	ond from the
22b. SIGNATURE	JOIGU OLOVE	F(I) (We) (Ma) (CI	/// view life	Joury Girei	yydlli.				22c. DAT	E SIGNED	
1/1	1/10	2 4-1	well.	11 Seg	ATTENDIN	G D M	IRECTOR C	STAFF EX		0/68	

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Page 4 may be retained by the haspital or attending physicion.

director, page 3 should be detached for use as me ovning permits. The proof of in any event, within 72 hours after should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial. 30M REV

24. FUNERAL DIRECTOR Frank W. Seitz Funeral Home

Carlos G. Lavin

23b. DATE 5/21/68

22d. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION, BEMOVAL Specify)

ADDRESS Balto. Md.

23c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

Springfield State Hospital

22e. ADDRESS

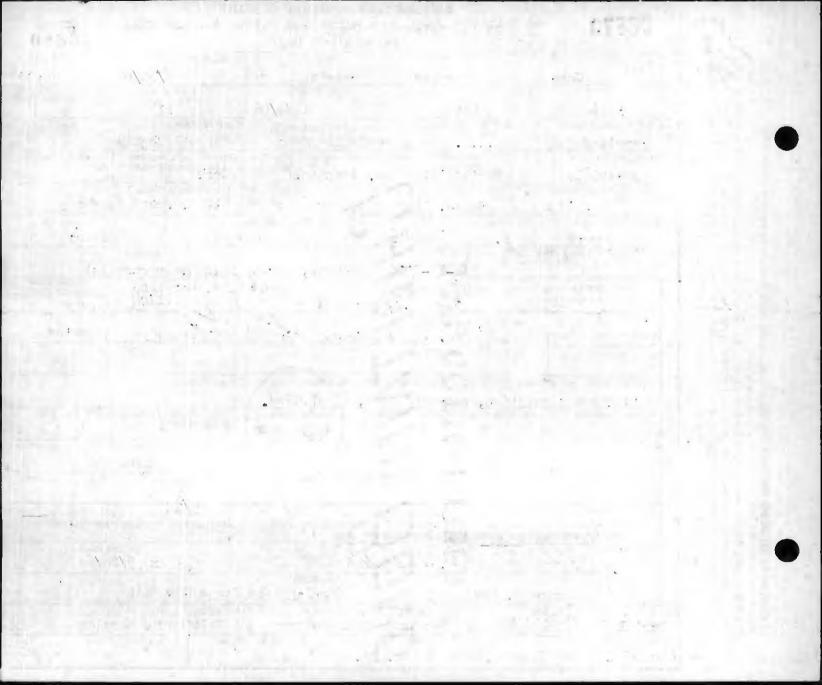
Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE

(County)

(State)

25g. REC'D BY REGISTRAR lientes 1968

23d. LOCATION (City or Town)



death. ord

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

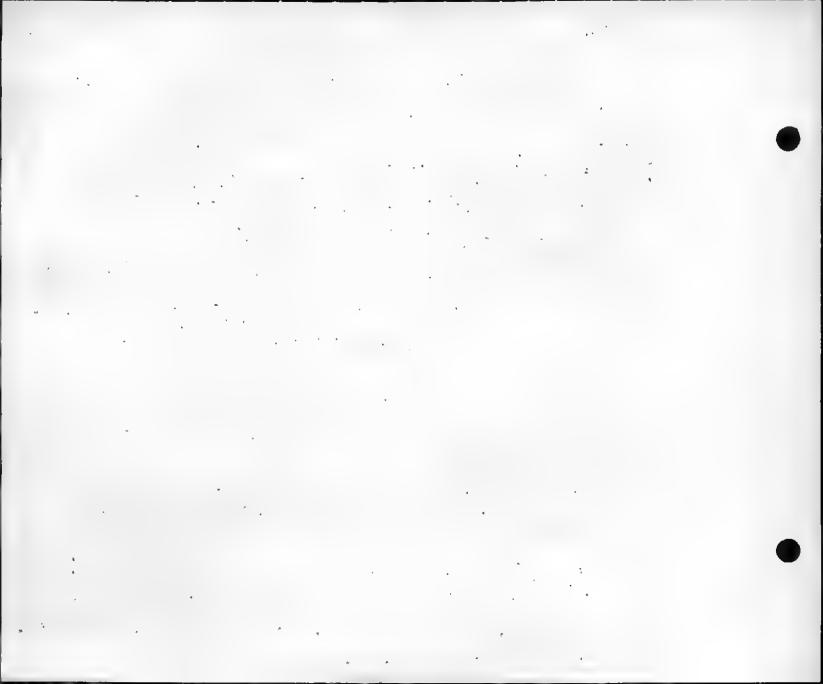
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

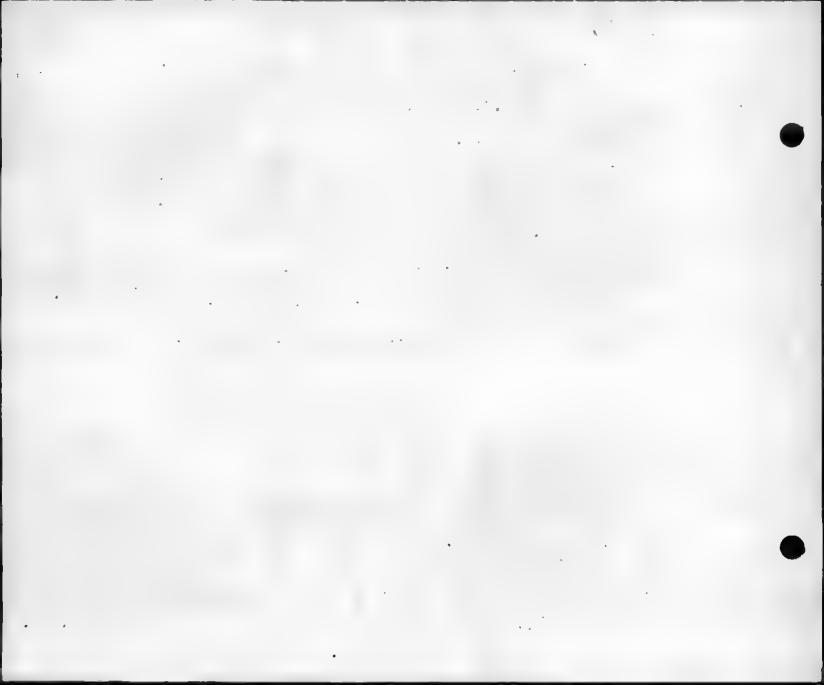
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=	18	CAUSE OF DEATH	(Enter only one	cause per lin	e far (a), (b), and (c	1.)	<u> </u>			7			
		PART 1. DEATH W		.USE (a)									
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							21c. HOW	INJURY OCCURR	ED (Enter notus	re of injury in Part I	or Port 2, Ite	ım 18.)	
		either, notify medic	(ol examiner)	P.M.		19						•	
	ot	Yhile Hat while E	_						_	,			
-1	2	20. I certify tha	t (I) (this ha	ispital) atte	nded the decea	sed frai	m K	27	_, 19 <u>6 d</u> .	ta ken 2	19_	<u>===</u> , that	(I) (we) last
		causes state	d abave, (I)	(we) (did) ((did Not) view the	bady o	_, and n ifter dec	iar in (my) (ith.	aurj apinian	death accurred	an the date	e ana naur a	ing fram the
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH First Last 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) funeral and Month 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR **WE JNDER 24 HRS** MONTHS last birthday) 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) WIDOWED 🔀 DIVORCED [77 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitals give street oddress) 128 NHAINS head 10 CITY OR TOWN OF DEATH 12o USJAL OCCUPATION (King of work gane 12b KIND OF BUSINESS OR INDUSTRY during most of work no life, even if retired) Long View Nugrs in Horne 300 k 13a LSLAL RESIDENCE (Where deceased lived, if institut on Residence before 13d. INSIDE CITY L-MITS? 13c. C.DY OR TOWN 13e STREET AND NUMBER YES IX IS. MOTHER'S MAIDEN NAME First Middle pub 14 FATHER S NAME M.ddle Lost Last Annie 16b. SOCIAL SECURITY NO 16g WAS DECEASED EVER IN LS ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown)) (If yes give war or dates of service) signed by the attending physi burial transit permit. Then pl burial, cremation, ar remaval, 15-22-9047 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), signed by 1 burial trans DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal has been 19e DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 10 FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) the haspital OR CONTRIBUTING CLEAUSE OF DEATH HOUR A.M. -Month-Day Year (If either, notify medical exominer) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d N.LRY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat wh.le at work 22a. I certify that (I) (this haspital) attended the deceased from saw the beceased alive an 1968 and that in 1960, to//ay þ 1968 and that in (my) (our) apinion death acturred on the date and haur and from the director, page 3 should should be filed with the be retained causes stated above, (1) (we) (did) (did not) view the bady/ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS PHYS. 22d PHYSICIAN S 22e. ADDRESS NAME (Type) BUR AL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) .1968 Gardens Finksburg, Carroll Evergreen Mem. 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Owings Mills, Md. DATE



		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALLIMORE, MARTCAND 21201
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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		Burial 5/27/1968 Bethesda Cemetery Carroll Co., Md.
Ą	-	FUNERAL DIRECTOR ADDRESS ADD
VR A15ME (5) 10M REV 1/68	C	. M. Waltz, Box 241, Sykesville, Md. DATE MAY 28 1988 gcharles guide



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH I. DECEASED-NAME First Lost maquires that th≡ death certificate be executed within 24 h≡urs after d≣ath Month 21 (Type or print) E. 77704 Murriel 4 RACE 6. AGE (In years 3. SEX S DATE OF BIRTH White lost birthday) MONTHS Malo Feb. 20, 1905 papers. Page thin 72 hours o 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED | NEVER MARRIED 9 COUNTY OF DEATH filled in country) U.S.A. Md. Carroll: WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (finat in hospital 12a USUAL OCCUPATION (Kind of work done give street address) during most an worlding life, even if retired) p etely f carban Main St. event, wit Hampstead 13a USUAL RESIDENCE (Where deceased fived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. IRSHOE CITY LHMITS? admissian) STATE 13b COUNTY YES | NO M Stringtown Balto Sparks Md. and in any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last Beulah Bull. Samuel physican c ease 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) [(If yes give war or dates of service) signed by the attending physic burial-transit permit. Then pla burial, crematian, ar removal, 216-07-5732 Mrs. Evelyn Bull Sparke. Md. 18. CAUSE OF DEATH (Enter only one cause per ine for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY MMMAN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) wmon rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the haspital ar attending be detached for use as the State Dept, af Health prior ta has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e, PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town While Not while at work at work 22a. I certify that (1) (this haspital) attended the deceased from Fut-saw the deceased alive an Thay 3 1968, and that in ATTENDING O FUNERAL DIRECTOR: After , and that in (my) (our) opinion death occurred on the date and hour and from the O HOSPITAL OR ATTEND Page 4 may be retained ar, page 3 should d be filed with the couses stated abave (1) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) M. C. Porterfield, M. D. shauli direct 23c NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery 23d. LOCATION (City or Town) Upperco, 23a BURIAL, CREMAT ON, BRINGE Boecify) 23b DATE Balto. May 30, 1968 24 FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles Judge Tipton -Eline Funeral Home Hampstead, Md.

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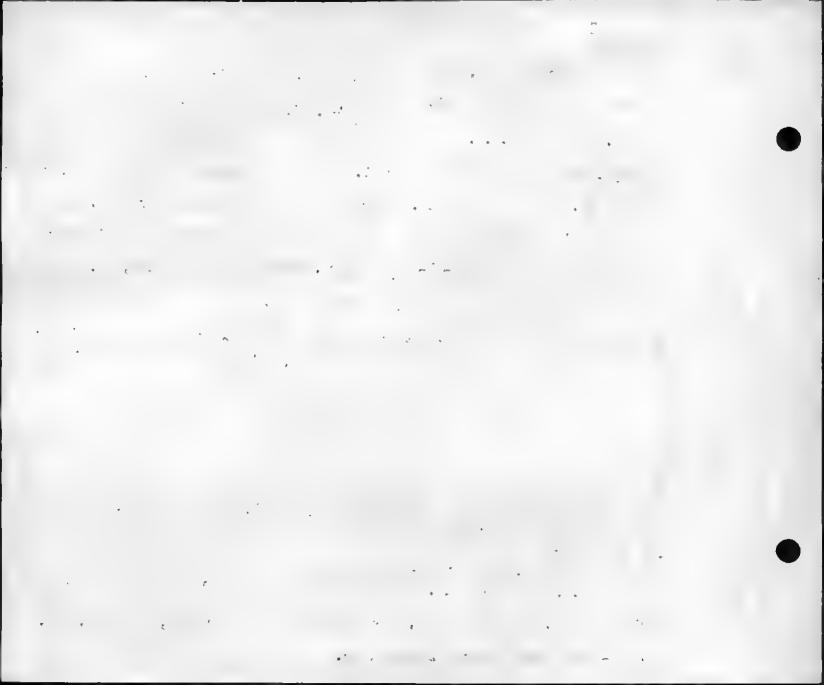
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	24.	ADDRESS 250. REC'D BY REGISTRAR 1968 REGISTRAR S. SIGNATURE MAY 24 1968	uda								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the III ath certificate be executed mithin 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely fairector, page 3 should be detached for use as the burial-transit permit. Then please remove corban should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with

the funeral Pages 1 and 2



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH First Middle Lost 20 DATE OF DEATH 2b. HOUR Month Benjamin CARTER Mav 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years MONTHS

DECEASED-NAME (Type or pnnt) Lucius SEX last bighday) 9-2-1882 male white 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED T DIVORCED T Carroll 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
L retired forester give street oddress)
Springfield State Hospital Sykesville 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before/13c CITY OR TOWN 13d INISIDE CITY LON TS? 13e STREET AND NUMBER odmission) STATE Maryland 136, COUNTY 21504 Alleganv Oaklawn Avenue TaVale 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost PAYTON R. CARTER Marie Beatty - dec. 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknown) no 214-32-3579 Springfield State Hosp. Sykesville Md 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Cerebral insufficiency. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove) nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause lost. 35 5 F PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Chronic brain syndrome assoc. with psychotic reaction. 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO K 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT MOME FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 5-17-68, 19, ta 5-19-68, 19, that (ii) (we) last saw the deceased alive an 5-19-68, 19, and that in (1987) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S Springfield State Hospital Sykksville, Maryland 21781

NAME (Type) 23o. BURIAL CREMATION,

23b. DATE

NAME OF CEMETERY OR CREMATORY

M.D

23d. LOCATION (City or Town) CUMBERLAND (County) (State)

State

12b KIND OF BUSINESS OR

STATE

Last

BETWEEN ONSET AND GEATH

vears

County

5-19-68

INDUSTRY

HILLCREST BURTAL 24 FUNERA DIRECTOR BYRON KIGHT CUMBERLAND MD.

Ramon P. Lopez.

250, RECD BY REGISTRAR MD. 1968 REGISTRADS SIGNATURE

O FUNERAL DIRECTOR: After director, page 3 30M REV 4/68

mavims that the Leath centificate be executed within 24 haurs ofter death.

ne funeral

physician and completely en please remave carban

signed by the atten burial-transit permi burial, crematian, a

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this certificate



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN I DECEASED NAME Doy y eor 2h H0.18 (Type or Print) DEATH MATED AGE (In years F JINDER 24 HRS Day 1 Nov. 9,1904 White Female 70 B.RTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED MIEVER MARRIED 9 COUNTY OF DEATH country) Md. U.S.A. WIDOWED | DIVORCED [Carroll 11 NAME OF HOSPITAL OR NSTITUTION (If not in hospital O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of work no life, even if ret red.) give street oddress) Houcksville Rd. Hampstead GIVE 130 USUAL RESIDENCE (Where deceased ived, finstitution Residence before 13c. City OR TOWN 13d. NSIDE CTY LIMITS? 13e. STREET AND NUMBER odmiss on) STATE 13b. COUNTY Md. Carroll Hampstead YES NO 🙀 Houcksville Rd. Lost 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle First Benjamin Taylor Addia Blizzard pages 60 WAS DECEASED EVER IN L.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, newpunknown) 220-21-7006 T. Harvey Cole Hampstead. Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) /(b) PART 1 DEATH WAS CAUSED BY IMMED ATE CAUSE (o). Conditions, fony, which gove rise to immediate couse (a). Word stoting the underlying couse PART 2 OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21o EXTERNAL CAUSE WAS 21b T ME OF INJRY Month Dov. Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, factory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy ... Inspection X Inquiry and in my opinion Accident . Suicide . Homicide death resulted fram-Natural couses Undefermined monner ASSISTANT MEDICAL EXAMINER DEPLTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 50 23c. NAME OF CEMETERY OR CREMATORY 230 BJR.AL, CREMATION 23b DATE 23d LOCAT ON (City or Town) (County) June 1, 1968 Evergreen Memorial Cem. Carroll Md. Finksburg ADDRESS 24 FUNERAL DIRECTOR Tipton - Eline Funeral Home Hampstead, Md.



DIVISION OF VITAL RECORDS, 21201

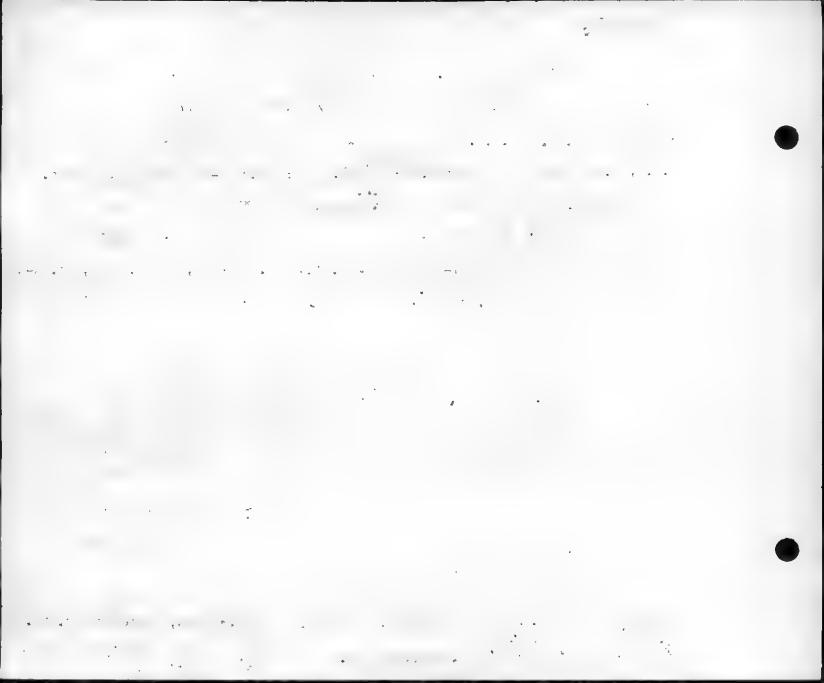
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	DOCON.		(CERTIFIC	CATE OF	DEATH					- 3	4
	CEASED-NAME	First	Middle		lost		20. DATE OF	DEATH Month	Doy	Vanz	26 HOL	1
{1	ype or print)	Minerva	R.	Cre	SSMan			May	1 1	968	6 45	
J. SE	X Female	4. RACE Whit	e		S. DATE OF BI 12/1:	RTH 3/1890		6. AGE (In year: lost birthdoy)	YRS.		HOURS 1	HRS. Min.
(DJI	RYHPLACE (Stote or fore			8 MARRIED WIDOWED	■ NEVER MAR D VOR	RIED	Ca.	DEATH FF011				Mo
R.	TY OR TOWN OF DEATH D.2. Westmi USUAL RESIDENCE (When	Inster give	AME OF HOSPITAL OR INS street oddress) Mea Convalesc	ent Ho	me.		st of working wife-He	(Kind of work of life, even if refir DUSEWOR) REET AND NUMBE	ed) INDU	KIND OF BE STRY 1 hom		
	SSION STATE Pennsykva		Adams /	******	estown	YES NO	de de					
14. (ATHER'S NAME First		S Ott		5. MOTHERS MA	A DEN NAME Fi	zzie	D. Midd	lle Dorn		Lost	
160. Y	WAS DECEASED EVER IN es, no, or unknown)	U.S ARMED FORCES? f yes give war or dates of service)	16b SOCIAL SECURITY I		INFORMANT	nes M.	Anthon	Addre v. Litt		ı. Pa	R INTERVA	2
	PART I. DEATH WA	DUE TO, OR h gove) (b) (b)	AS A CONSEQUENCE OF	(_)(0	rd 2	- 11-1- x	£			BETWEEN ONS	÷ no ∕	3_
CATION	PART 2. OTHER SIGNIFIC LAST 1	ANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WITH THE PROPERTY OF THE PROPERTY		thrit			20b IF	VES, WERE FINDS OF DEATH?	NGS CONSIDER	ED IN CER	TIFYING	
CAL CERTIFICATION	21a. ACCIDENT WAS UN				YES OW INJURY OCC	Marri		y in Port 1 or Po	ort 2, Item 18))		
MED C	(If either, notify medical 21d, INJURY OCCURRED While Not while of work	1 exominer) P.M. 21e PLACE OF INJURY	19	9	OCATION Street	et or R.F.D. No.	City	or Town	Count	y	Stote	3
	saw the dere	(1) (this haspital) attassed alive an (4) abave, (1) (we) (did	n. 1 2-1- 1	961 ar	d that in (m	<u>u</u> , 19 <u>6</u> . y) (aur) apır	//, ta nion death a	sccurred on th	, 19 <u>6 &</u> ne date and	, that (I havr a	I) (we) nd fram	las th
	22d. PHYSICIAN'S NAME (Type)	Cus Ch	yer r	1. DEG	REE PHYS. 22e. ADD	10 IO.	ED. RECTOR	STAFF PHYS.	22c. DATE SIG	SNED G C		
2 30	BLRIAL (REMATION, PEMOVAL (Specify) BUTIAL	23b DATE 5/4/68	23c, NAME OF The Hil			ry	23d LOCATIO Souder	N (City or Town) ton,Mon	tgomer	y Co.	(Stote)	
24	FUNERAL DIRECTOR	1. Little	ADDRESS Littlest		Pa.	25g RECD BY		256 REGIST	RAPESIGNATI	RE J	uge	l.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs, at

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirm that the Teath certificate be executed within 14 hours after death.

Page 4 may be retained by the hospital or attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FINERAL DIRECTOR: After this certificate has been signed by the attending plysician and campletely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours.

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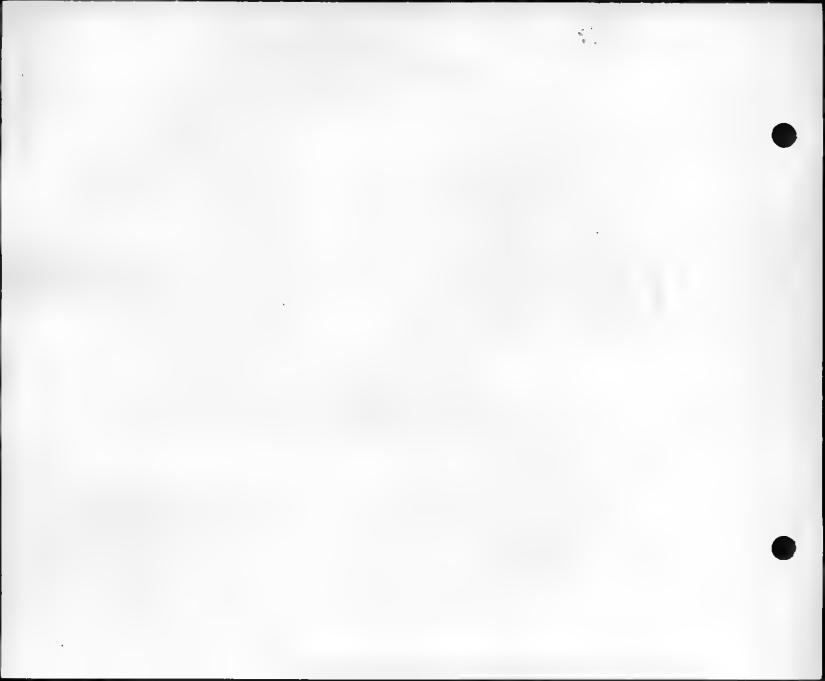
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	DECEASED-NAME (Type or print)	First PAUL	Middle M.		DOXZON		2o. DATE C	20. DATE OF DEATH Month Day May 22 19			68 Yeor 8:30		
3	SEX	4 RACE			S. DATE OF BIRT	H	ì	6. AGE (In years	1968	ER I YEAR	IF UNDER		
	Male		ite		9-11-			last birthday)	rrs.		HOURS	MIN.	
	BIRTHPLACE (State or fare	ign 7b CITIZEN OF V	HAT COUNTRY?	B. MARRIE	NEVER MARRI	in Ta	9 COUNTY O	F DEATH					
(0)	Marylan		S.A.	WIDOWE	DIVORCE	-	Carr	oll Count	~			Md.	
10	Eldersburg	give	street address 19					N (Kind of work do g life, even if retire	A LIND	KIND OF USTRY On . E			
13c	o. USUAL RESIDENCE (When	e deceased lived, if institu y land 13b (OUNTY(tion: Res dence before Carroll Co	Elder	sburg Y	I. INSIDE CITY (TREET AND NUMBER × 195 Lit		Road	1		
14.	FATHER'S NAME First	Middle	Last		IS. MOTHER'S MAID	EN NAME	First	Middl	0		Lost		
		JOHN	D0X20	2 N	Ma	ry El	izabet	h (Ur	known	()			
16	a WAS DECEASED EVER IN		16b. SOCIAL SECURIT		INFORMANT			Addres	is				
	Yes, no, ar unknown) (t yes give war or dates of service)	212-09-9	855 M	rs. Rach	el A.	Doxzo	n, Box 19)5 Lib	erty	Roa	ad	
	18. CAUSE OF DEATH (Enter anly and couse per								APPROXI BETWEEN O	MATE INTERVINSET AND E		
	PARI I. DEAIN WA	IMMEDIATE CAUSE (o)	Carcinom	a of t	he lung.	cere	bral me	etastasis					
	/	DUE TO, OR AS A CONSEQUENCE OF								D.L	1.0	160	
	Conditions, if any, which gove (b) Bronchial preumonia, anemia and								Feb. 1968				
	rise to Immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF							through					
	(c) Cardiac arrest.								May	22,	168		
	PART 2. OTHER SIGNIFIC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)											
20	163x	163×											
CFRTIFICATION	19g. DATE OF OPERATION	CAUSES OF DEATHS						GS CONSIDE	RED IN CE	RTIFYING	;		
FRTI	21a ACCIDENT WAS UN	DERLYING 216 TIME (or millipy	[0]		NO _	*		+ 0 lk - 10				
CALC		SE OF DEATH HOUR A.M.	Manth Day Yea	or ZIC	now injust occur	KED (Ente	יוו דם שונונסת זיי	ury in Port 1 or Por	T Z, ITEM 10				
MED (all either, natity medica	l examiner) PM.		19									
	Whe Not while at work	21e. PŁACE OF INJURY	OFFICE BUILDING ETC.	MCIORY,) 211.	LOCATION Street of	or R.F.D. No	o. Cit	y ar Tawn	Caur	ity	5	tate	
	22a. I certify that	(I) (this hospital) at	ended the deceo	sed from_	Feb.	, 19	68_, ta_	May 22,	19.68	_, that	(l) (w	e) last	
	22a. I certify that (I) (this hospital) attended the deceased from Feb., 19 68, ta May 22, 1968, that (I) (we) last saw the deceased alive on May 22, 19 68, and that in (my) (aur) opinion death accurred on the date and hour and from the												
	couses stated obove, (I) (we) (did) (did not) view the body ofter death.												
	22b. SIGNATURE	marl 6	Hule	1 1/2 DE	ATTENDING PHYS	x (MED DIRECTOR	STAFF PHYS.	22c. DATE SE		1968		
	22d. PHYSICIAN'S				22e. ADDRE	SS							
	NAME (Type)	Howard	E. Hall. 1	M.D.	St	kesv	ille. N	id.					
23	BLRIAL, CREMATION,	23b. DATE			R CREMATORY			ION (C ty ar Tawn)	(Co.)	infy)	(State)	
L	BURLAL (Specify)	5-25-1968	3 Lorrai	ne Par	k Cemete	-	7.7	H = 3.7	- 1'-	3'	(31010	,	
	FUNERAL DIRECTOR		ADDRES				BY REGISTRAR	1968 REGISTA	ARS SIGNAT	URO	ACK.		
H	loward H. Hu	bbard, 4107	Wilkens A	ve.	21229	DATE MA	Y 27	וטסס ו	- J-Cay	1	0		

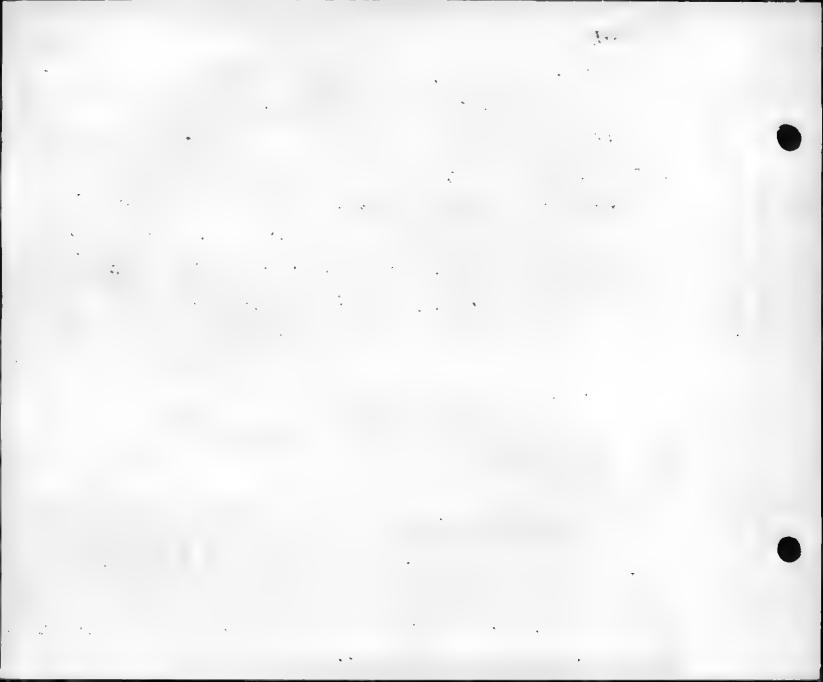




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a DATE OF DEATH 1. DECEASED-NAME Middle 2b HOJR (Type or print) May IF UNDER I YEAR 5 DAME OF BIRTH 6. AGE (In years last birthaay) MONTHS HOURS APRIL 25. MALE 7a BIRTHPLACE (State or foreign 8 MARRIED THEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? requires that the death certificate be executed within 24 hau CARROLL WIDOWED [DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) INDUSTRY during mast af working life, even if retired } WESTMINSTE 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN and in any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First ENGLAR MAMIE 16b. SOCIAL SECURITY NO 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) [If yes give war or dates of service] 218-34-0150 MRS H. SMITH EN signed by the attending physi buriol-tronsit permit. Then pl buriol, cremotion, or removol, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: 4 Minul IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, Fany, which gave) quere rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospitol or attending the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20e AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED SO CAUSES OF DEATH? NO V YES [certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work of work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this hospital) ottended the deceosed from _______, 1964, ta______, 1966, that (I) (we) last saw the deceosed of ve an ________, 1966, ond that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death. be retoined 22c DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR director, page PHYS 22d. PHYSICIAN 22e ADDRESS NAME (Type) 23: NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town)

FUNERAL DIRECTOR

30M REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

Last M ddle DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthoay) HOURS June 10, 1886 White dema/a 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. DIVORCED [WIDOWED Z 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tal 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR g ve street address) during most of working ife, even if retired.) INDUSTRY CArrell Co. Gener Shee 13a USUAL RESIDENCE (Where deceased fived, if institution Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY EMITS? admission) _STATE 13b COUNTY YES Union 15 MOTHER'S MAIDEN NAME First 14. FATHER S NAME First Middle Last Middle last John 17 INFORMANT 16g. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) [H yes give war or dates of service] 213-05-1659 18. CAUSE OF DEATH (Enter only one cause per BETWEEN ONSET AND GEATH hee for (a), (b) and (c) PART 1. DEATH WAS CAUSED BY: m Wer IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at work 226. SIENATURE 22c DATE SIGNED ATTENDING DIRECTOR PHYS PHYSICIAN'S 22e, ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b DATE (County) (State) 23g BUR AL CREMATION. REMOVAL (Specify) 12 Kmmtle MeAdew Surval SUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REG STRAR S SIGNATURE DATE

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physician and completely f en please remave carban

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requires that the death certificate be executed within 24 hours after death burial-transit signed by the O FUNERAL DIRECTOR: After this certificate has been SD ģ detached pe should

director, page 3 VR AT 30M REV



Waltz, Box 241, Sykesville, Md.



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATES -	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4
HEALTH DEPTE	1 DECEASED NAME LOBTE GRACE Middle FIDLER Lost 20 DATE KNOWN Month Doy	Yeor Jb HOUR
2 2 8 6 7 Y	(Type or Print) LOTTIE GRACE FIDELER DEATH MATED - Jail	2 1968 N
d 3 to Poge	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F UNDER 7 FAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD MAN MARKET DAYS HOURS MAN MARKET DAYS DOWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN	70 HOUR
3. 5. E	Female White 11 Feb 1889 79 YRS MONTHS DAYS HOURS MAN. Month, 5 Doy 10 Y	eor 1968 P M
	70 8 RTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR ED 9 COUNTY OF DEATH .	,
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75 o 18.	odmission) STATE Md. 13b COUNTY Carroll Mt. Airy YES NO 730 N. Main St.	
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2 5 5	Samuel V. Knisley Mary C. Frey	
t with n 24 n pencil 'n Exominer's File pages n 72 hours	I ITES, FIG. OF URKNOWN I I I ves priva wor or dotes of service I O 10 00 7000 IM-A Do-1 E C-3011	Main St.
wit per con con le	No 219-03-7303 Mrs. Pearl F. Gendell Mr. Al	ry, Md.
	18 CAUSE OF DEATH (Enter only one couse per one To) (a), (b) and (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e P.ACF OF INJURY (At home form street 21f OCATION Street or R.F.D. No. Cryon Town Co.	
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EXAMINER: ute the cert oge 4 shoul your files. Poge 3 sho.	WHILE NOT WHILE AT WORK AT WORK AT WORK	
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o DEPUTY necessary, the funera 5 may be 5 FUNERA Health pr	NAME (Type) W. Glenn Speigher, M. D. 40355516 and Action of the control of the co	
TO D The TO FL	230 BURIAL CREMATION 230 DATE 231 NAME OF CEMPTERY OR CREMATORY 23d LOCATION (CAL OLD LOWE)	(Stotel)
	Burial 5/14/68 Fairview Cemetery Wrightsville Par	acroll MI
	24. FUNERAL DIRECTOR 1 ASSOCIATION ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRAR S SIGNAL	
VR A15ME (5) 10M REV 1/68	M. R. Etchison & Son, Frederick Md. 21701 DATE MAY 1 5 1968 Julian	Cay Junger

MARYLAND STATE DEPARTMENT OF HEALTH

8 7 1 0 . nich in-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR after death (Type or print) Doy 68 Year Nellie Mae Flock S. DATE OF BIRTH 3. SEX 4 RACE 6 AGE (in years IF JNDER 1 YEAR IF UNDER 24 HRS 5/30/02 lost birthdoy) female white 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED The low requires that the death certificate be executed within 24 how ve corbon papers event, within 72 h WIDOWED FOR DIVORCED [Carroll Maryland USA signed by the attending physician and completely filled burial-tronsit permit. Then pleose remove corbon pape burial, crematian, or remavol, and in any event, within 7? ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.)

Janitress give street oddress) INDUSTRY Rural--Sykesville Springfield State Hospital 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before \$13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY JIM TS? 13b. COUNTY YES 🔀 526 Wilson Place Maryland Frederick Frederick pleose remov ol, and in any e 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Smith Martin Frank Daisy Α. 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 214-40-4839 Springfield Hospital records, Sykesville, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebrovascular accident hours IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease Conditions, if any, which gave) years rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(lost. 44 2 21 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been Chronic brain syndrome with presentle brain disease without qualifying phrase. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20o AUTOPSY? CAUSES OF DEATH? YES 🗀 NO TE 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) detached for HOUR A.M. OR CONTRIBUTING CAJSE OF DEATH Month Doy Yeor If either, notify medical examiner) P.M. / AT HOME, FARM STREET FACTORY, 1 21F LOCATION Street of R.F.D. No. 21d INJRY OCCURRED 21e. PLACE OF INJURY City of Town County Stote Where Not while of work 22a. I certify that \$\$\text{(this haspital)}\$ attended the deceased from 7/21/, 1963, ta 5/1/, 1965, that \$\$\text{(we)}\$ last saw the deceased alive an 5/1/, 1968, and that in \$\$\text{(NS)}\$ (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR director, page should be filed PHYS. PHYS. 22d. PHYSICIAN S 22e ADDRESS Springfield State Hospital NAME (Type) Renato R. Espina, M. D. Sykesyille, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 230 BURIAL, CREMAT ON, 23b DATE (County) (Stote) BEMOVAL (Specify) May 4, 1968 Balto, Md. Loudon 24 FLINERA, DIRECTOR ADDRESS 250. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) aul E. Chenoweth Jr. 3617 Chestnut Ave 30M REV 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 26 HOURA M First Last 2g DATE OF DEATH requires that the death certificate be executed within 24 himrs ofter death. (Type or print) Year 10:30 JOHN WESLEY FOSSETT 1968 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (n years 1F JINDER 1 YEAR IF UNDER 24 HRS. Male Negro 9-22-1888 last birthday) To BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? B. MARRIED [X] NEVER MARRIED 9. COUNTY OF DEATH Maryland U.S.A. Carroll WIDOWED [7] D VORCED [7] cremotion, or removol, and in any event, within 10 CTY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 25 KIND OF BUSINESS OR give street address)
Springfield State Hospital Carpenter (retired) carbon during most of working life, even if retired) Sykesville 13a USLA, RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY None Cooksville 14 FATHER'S NAME Middle IS. MOTHERS MAIDEN NAME First tast Middle John Fossett Miranda Plumber by the attending physician consit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Unk. Records, Springfield State Hospital APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic heart disease and old infarct lears DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p buriol, cremotis Conditions, if any, which gave) Years (b) Coronary arteriosclerosis rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the hospitol or attending physician. (d) Bronchopneumonia Dav PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been s 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T NO 🖂 Yes Dept. of Heolth TO FUNERAL DIRECTOR: After this certificate 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 5-13-68 sow the deceased alive on 5-28-68 19 and that in (my) to 5-20-60 and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stoted obove, (I) (%e) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 5-28-68 X DEGREE PHYS. 22e ADDRESS Springileld State Hospital 22d. PHYSICIAN'S NAME (Type) Octavio A. Ruiz, M. D. Sykesville, Maryland 21781 -should I 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BUR AL CREMATION (State) ((county)) REMOVAL (Specify) FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR REG STRAR S SIGNATURI

30M REV

1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAMI 20 DATE KNOWN (Type or Print) 3 to Page 6 AGE (n veors 2c DATE PRONOUNCED DEAD 3 SEX May 24, 1935 Male 7b CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Germany U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUA, OCCUPATION (Kind of work done during most of working life, even if retired)

a.l. Mould-Maker Westminster 13d. INSIDE GTY LIM 157 3e STREET AND NUMBER 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 136 COUNTY 366 Bear Branch Rd. Westminster YES IN NO X 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME Eduard Fuchs, Sr. Pauline Eberhart 16a WAS DECEASED EVER No S ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Lombard St. (Yes, na, ar unknown) Yes 16-38-3971Mrs. Rose A. Fuchs Balto. Md. 8 CAUSE OF DEATH (Enter only one cause per I ne for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY arwarded to the Chief Medical IMMEDIATE CAUSE (a) Canditions, if any, which gave rise ta immediate cause (a), . DUE TO, OR AS A CONSEQUENCE stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLE ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 21a EXTERNAL CAUSE WAS 2 b TiME OF INJURY Manth, Doy, Year PRIMARY OR CONTRIBLT NG factory, affice building, etc.) 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, and in my ap n'an Acident X death resulted fram. Natural causes Surcide Ham-cide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER **EXAMINER 5** Glenn, Speicher POTESTIEN HILLEURIONION NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION REMOVAL (Spec fy) Burial 5/16/1968 Lakeview Mem. Gardens Carroll 24. FUNERAL DIRECTOR 25a REC D BY REG STRAR Waltz, Box 241, Sykesville, Md. DATE MAY

MARYLAND STATE DEPARTMENT OF HEALTH

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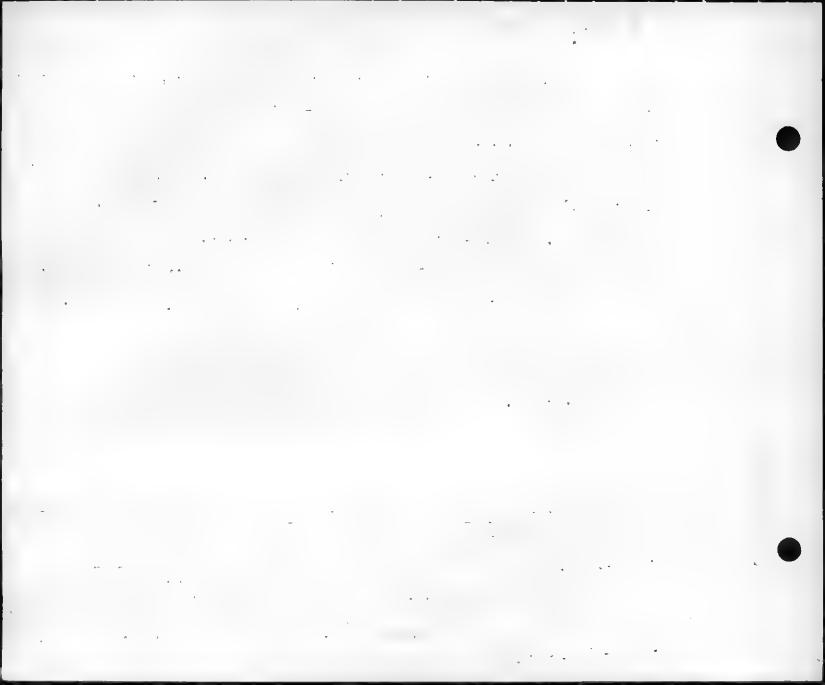
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		*		ERTIF	CATE OF	DEATH						7 3	
	ECEASED-NAME	First	Middle		Lost		2a. D	ATE OF DEAT		-	*	2b.	HOUR
(Type or print)	Dorothy	Gertrude	F	URLONG			Ma	Nonth	19,	1968	8:	55a
3 S	EX	4. RACE			5 DATE OF E	IRTH			GE (In yea		HE JNDER 1 YEAR		ER 24 HRS
f	emale	white			7-5-	-1893		105	birthdoy 74	YRS	MONTHS DAY) HUUKS	Min
7a	B-RTHP_ACE (State or f	oreign 7b CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED IK	9. COUN	NTY OF DEAT	Н				
1	daryland	U.S.A		WIDOWE		RCED 🔲	Ca	arroll					M
10	CITY OR TOWN OF DEA Sykes wille		AME OF HOSPITAL OR INS street oddress) pringfield					PATION (Kind orking life, e C (PEC:			125. KIND (INDUSTRY)F BUSINE	55 OR
130	USUAL RESIDENCE (WI	nere deceased lived if institu	tion: Residence before	13c CITY		136. INSIDE CITY .		13e STREET A					
adro	viarviand 2	1218 13b. COUNTY		Balt	imore	YESE NO	0 🗆				Avent	ıe	
14	FATHER'S NAME F	erst Moddle	Last		IS. MOTHER'S A	VAIDEN NAME F	First		Mo	ddle		Last	t
	Micha	el G. Furlong	- dec.		Mary	Byrnes	- 0	dec.					
160	WAS DECEASED EVER	IN U.S. ARMED FORCES? (If yes give wor or dates of service)	16b. SOCIAL SECURITY N		INFORMANT					lress			
	Yes no, or unknown) 120		220-20-85	BLA	Spring	rield S	tate	e Hosp	, S	ykes			
		H (Enter only one cause per l										DX MATE INTE 4 ONSET AND	
	PART I. DEATH I	WAS CAUSED BY. IMMEDIATE CAUSE (a) A	cute pulmar	ary	embolis	m, sour	rce 1	unknow	n.		min	utes	
	150 X DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if any, which gave (b)												
	stating the underly	0038 (0),(0) 8200	AS A CONSEQUENCE OF										
	lost. 465 X (c)												
	PART 2. OTHER SIGN	IFICANT CONDITIONS CONTRIB	JUNG TO DEATH BUT NO	T RELATED	TO THE TERMIN	AL DISEASE OR (CONDITIO	ON GIVEN IN P	ART I(a)				
3	Diabetes	Mellitus.											
CERTIFICATION	190 DATE OF OPERATION	ON 196 CONDITION FOR WI	IICH OPERATION WAS PER	FORMED	20a AUT	OPSY?	- 1	,		DINGS CO	INSIDERED IN	CERTIFYII	NG
TIF.	YES NO CAUSES OF DEATH?												
	21a. ACCIDENT WAS			210	HOW INJURY O	CURRED (Ente	r noture	of injury in P	art 1 ar	Part 2, 1	tem 18)		
MEDICAL	OR CONTRIBUTING (If either, natify med		Month Doy Year										
ME	21d INJURY OCCURR	ED 21e PLACE OF INJURY	AT HOME, FARM, STREET, FACT	TORY.) 21f	LOCATION Stre	et or R.F.D. No),	City or To	wn.		County		Stote
	While Not while at work	U											
	22a. I certify th	at (I) (th is-hespital) at	ended the decease	d fram_	5-6-68	, 19	, 1	ta5_1	9 – 68	_, 19_	, the	r) (1) tr	rrc) la:
	saw the de	ceased alive an	19-00	9, o	nd that in (n	ny) (o or) api	inian d	eath accur	red an i	the da	te and hau	r and fr	ram th
	22b SIGNATURE	ed abave, (I) (we)-(did)		····						22. [ATE SIGNED		
	Dr. Chu	Torins	lyla	Los	GREE PHYS	ING D	MED. DIRECTOR	STAI PHY	FF S	3	-19-68		
	22d. PHYSICIAN S		</td <td></td> <td>22e. AD</td> <td>DRESS Spr</td> <td>ringi</td> <td>field</td> <td>Stat</td> <td>е Но</td> <td>spita</td> <td>1</td> <td></td>		22e. AD	DRESS Spr	ringi	field	Stat	е Но	spita	1	
	NAME (Type)	Antonius G	lahn, M.D.			Syk	cesvi	ille,	Mary	land	1 2178	4	
23a	. BURIAL, CREMATION,	23b. DATE	23c. NAME OF (CEMETERY C	OR CREMATORY		23d 1	LOCATION (Cit	y or Tow	n)	(County)	(Stot	te)
	REMOVAL (Specify) Burial	May 22 10	68 St	Marve	Com			Gotte	ne	Md			
24.	FUNERAL DIRECTOR	edefeld Home	ADDRESS			2So. REC D B	BY REGIST	1			SIGNATURE	0 4	7.4.0
P1.	650	O York Road-	21212			DATE	AAY S	27 19	68	RIL	ionles	Jug	7

offer deoth. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in Aprilia Juneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paperss, Egger 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hgurs. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDT	ICIC	ATE	ΛE	DEATH	
LPKI	arat		100	UPAIN	

1,00	02		CERTIFICATI	OF DEATH		35833
PLACE OF DEATH	0					it on Residence before admission)
o. COUNTY	CARROLL		MARYLAND	a. STATE MARY!	end B. COL	Atrimore City
	(If autside corporate I mi	rts, E.	LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	itside corporate limits, write RL	JRAL and give nearest town)
KURA/-	nd give nearest town)	le.	7 ms. 4d.	BALTIMO	Res.	
d. NAME OF HOSP	ITAL OR INSTITUTION (IF I	not in hospital, give	street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
SPRINGTI	eld STATE	E HOSPI	tal.	1801 BAK	ER ST.	YES NO
3 NAME OF DECEASED	F	irst	M-ddle	Lost	4. DATE Mor	nth Day Year
(Type or print)		AbeTH	Hester	GREGORY	OF DEATH 3	24 1968
S SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last bethday)	Months Doys Hours Mi
FEMALE.	NEGRO	WIDOWED X	DIVORCED [9-4-00	67_	8 20
10a USUAL OCCUPATION during most of working	Oh (Give kind of work done a life, even if retired)	e 10b. KIND Indus	OF BUSINESS OR TRY		& State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?
HOUS	eWIFE			VIRGINII		USA
13. FATHER'S NAME				14 MOTHER'S MAIDEN I		
HARley	DANIELS	11/ 505			AUIS.	
(Yes, no, or unknown	/ER IN U.S. ARMED FORCES?)	af service)		INFORMANT	Add	
No			-10-7429 Si	PRINGFIELD	HOSP. RECOR.	ds. Sykesville, 14
IB. CAUSE OF I	DEATH (Enter anly one co ATH WAS CAUSED BY:	iuse per line far (p). I i	(b), and (c).)	1.		INTERVAL BETWEEN OUSET AND DEATH
101	IMMEDIATE CAUSE		Part Tu			vay
1	DUI y, which gave),	E TO	ACCUA			LADAN
rise to immedia	ote cause (o), ((b) E TO	113 UV IJ			Vyww.
stating the und	erlying couse	(c)				
- / / /	SIGNIFICANT CONDITIONS		FATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION G VEN IN PART I(a)	19 WAS AUTOPSY
NO CHOOLING	/	4				PERFORMED?
CHRONIC 20a. ACCIDENT W OR CONTRIBUTION	AS UNDERLYING		ASSOCIATEO		<i>BRR FIRTERIO</i> Part I ar Part I, of item 18)	SURKOS IS ILL IN
OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200 02000	WE 11017 2132111 DECENTION	(allow the same of		
I I LITTLE, NOTE	JRY Manth, Doy, Year	20d INJUR	Y OCCURRED 20e PL	ACE OF INJURY (Home, farm	. 20f (City or town)	(Caunty) (State)
B Haur a	i m. i.m. 19	While at work L.		tory, street, affice bldg., etc.)		
		I di work L	the deceased from_	10-20 1	967 to 50	74, 1968, that (I) (we)
	deceased alive an_	1-2-2	4 19 68 , and the	it death accurred at	63 P.M. fram causes	and on the date stated abo
22a SIGNATURI	1. 1	111	P .	ATTENDING	MED > STAFF 1	22b DATE SIGNED
	July 186	At a	1 M	D PHYS L.J	DIRECTOR PHYS	1/2 / 1 / Y
22c PHYSICIAN NAME (Type		1-04-0	()	22d ADDRESS S	PRINGFIELD ST	HTE HOSPITAL
		MAPNER			KESVIILE ME	
23a BUR AL, CREMAT REMOVAL (Speci	F OO	HEREOF	13c NAME OF CEMETERY OR	1	23d LOCATION (City or To	awn) (County) (Stote)
DUTIA	10 KD	- 60	Mt. Calve	ry Cem.	Da to	Md.
24 FUNERAL DIRECT		12 10 -	ADDRESS			REGISTRAR'S SIGNATURE

death. Sours aff TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the duath certificate be executed within 24 Page 4 may be retained by the haspital or attending physician.

death.

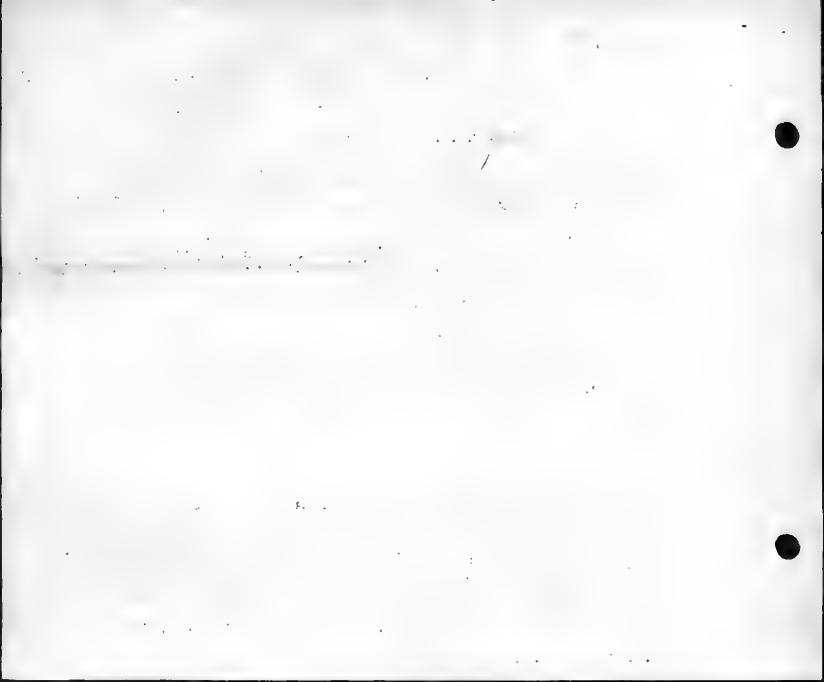
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and nany event, within 72 hours after. VR A15 (4) 25M 1/67

13 00

6,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME (Type or print) ROSA First Middle Lost 20. DATE OF DEATH 2b. HOURA death Yeor (NMN) GRUBER ROSE 3:401 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS HOURS Female White Unk. 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) U.S.A. Russia Carroll WIDOWED [X] DIVORCED [120 USLAL OCCUPATION (Kind of work done and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b. KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) campletely f nave carban INDUSTRY Sykesville Springfield State Hospital 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. HSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 2927 Walbrook Ave. YES 🔀 remave NO F Baltimore 14 FATHER S NAME First IS. MOTHER'S MAIDEN NAME First and Lost Lost pe Unk. Unk. physician on please The law requires that the death certificate 166. SOCIAL SECURITY NO 71 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 4290 STUART BUFFENSTEIN. Yes no, or unknown) cremation, or remayal, 220-54-8928 THE MOND attending p permit. The APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c)) PART I. DEATH WAS CAUSED BY: 1 Bronchopneumonia Days IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF signed by the a burial-transit per burial, cremation Conditions, if only, which gove) Uremia Days rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stoting the underlying couse last 4 / 7 5 Nephorsclerosis Years PART 2 OTHER SCHIFTCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use as the the Health prior to b has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO IS YES [10 FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year be detached for State Dept. af H (If either, notify medical examiner) (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d, INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 12-21-30, 19, to 5-25-60 saw the deceased alive an 2-25-60, 19, and that in (my) (our) apinion death accurred as __, 19_ ____, that (I) (we) last and that in (my) (our) apinion death accurred an the date and hour and from the saw the deceased alive an be retained causes stated abave, (1) (we) (did) (did not) view the body after death. With 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 5-28-68 r, page 3 be filed 22e. ADDRESS Springfield State Hospital 22d PHYSICIAN S NAME (Type) Antonius Glahn, M. D. Sykesville, Maryland 21.78 directo 23c. NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION 23b. DATE 23d LOCATION (City or Town) (Stote) (County) BURT A LOURS HEBREW MT. CARMEL 5-30-68 BALTIMORE. MARYLAND 1968 REGISTRARS SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 30M RF LEVINSON & BROS. 6010 REISTERSTOWN ROAD



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a DATE OF DEATH I. DECEASED-NAME First 2b Month (Type or print) IF UNDER I YEAR 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER 24 HRS DAYS lost birthdoy) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fore'gn MARRIED T NEVER MARRIEDS country) WIDOWED D. VORCED requires that the death certificate be executed within 24 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during most of working ife, even if retired) INDUSTRY 13a. USUAL RESIDENCE (Where deceased I ved, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY EMUTS? 13e_STREET AND NUMBER admission) STATE 13b. COUNTY 14 FATHER'S NAME Middle IS MOTHER'S MA DEN NAME First NINNSL 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates at service) Yes, no, or winknown) Hahn Same As 18. CAUSE OF DEATH (Enter only one cause per line for (a)/(b)
PART I. DEATH WAS CAUSED BY and (c).) IMMEDIATE CAUSE (a) Conditions, if any, which gave } rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the nasp tall or attending physician, stating the underlying cause PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1701 FINERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [be detached far use State Dept. af Health 21a ACCIDENT WAS JNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED County State City or Tawn While Nat while at work at wark TENDING 22a. I certify that (1) (this haspital) attended the deceased from 1750 saw the deceased alive an 5/2-7/6-19, and that it 21, 1967, to MAY 21, 1968, that (1) , and that in (my) (our) apinion death accurred an the date and haur and fram the causes stated abave (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 226 SIGNATURE MED DIRECTOR 22e ADDRESS 22d PHYSICIAN S Sherman Chang Westminster, NAME (Type) Md. 23d LOCATION (City or Town) 23b DATE 23c NAME OF SEMETERY OR CREMATORY 23a BURIAL, CREMATION, (County) 5/30/1968 Carroll Co., Md. Leisters Cemetery 25a REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Waltz, Box 241, Sykesville, Md. DATE MAY

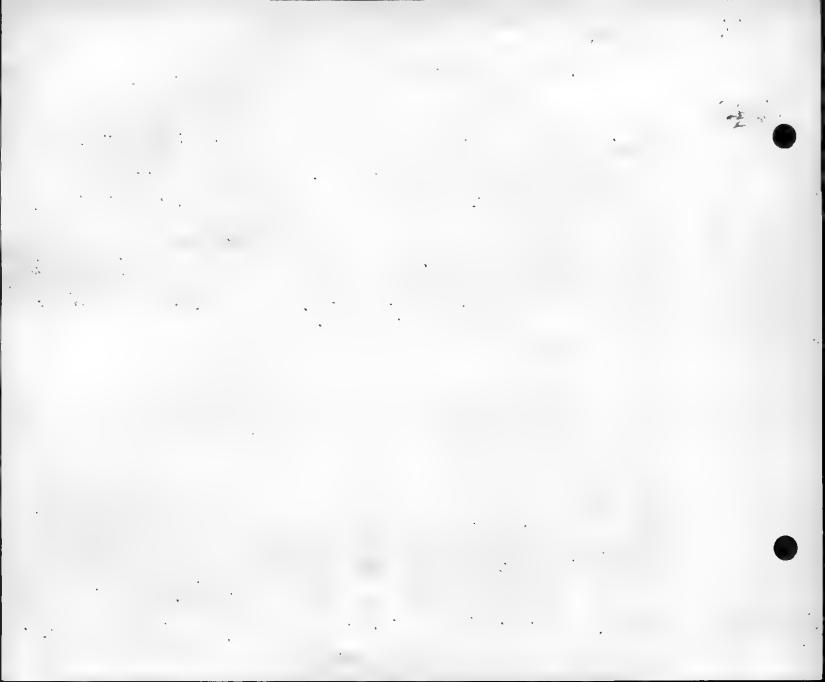
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b HOUJ The law requires that the death certificate be executed within 24 haurs after death. (Type or pant) and completely filled in by the funeral Manth 3 SEX 4. RACE DATE OF BIRTH 6. AGE (n years FUNDER YEAR IF UNDER 24 HRS ours aft ast birthday) MONTHS DAYS HOURS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF COUNTY OF DEATH country) please remove carban papers cremation, ar remayal, and in any event, within 72 WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a. USUAL OCCUPATION 12b KIND OF BUSINESS OR during mast of warking life. INDUSTRY (Where deceased lived. if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 18d INS DE CIT admission) STATE 14. FATHER'S NAME Middle Last attending physician permit. Then please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na. ar unknown) (1 yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-transit pe Conditions, if any, which gave) rise to immediate cause (a). attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) for use as the k Health priar ta b has been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO P Page 4 may be retained by the haspital ar this certificate 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. be detached State Dept 21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME FARM, STREET, FACTORY.] 21f. LOCATION Street or R.F.D. No. City or Town County State OFFICE BUILDING ETC While hat while at work at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram many 4 , and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an_ 1968 director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death 22b SIGNATURI 22¢ DATE SIGNED DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN S 22e ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE (Caunty) (State) FUNERAL DIRECTOR ADDRESS -25g. REC D BY REGISTRAR REGISTRAR'S SIGNATURI VR A15 (4) 30M REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH teradegth) DECEASED-NAME First Middle Last 2n DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death (Type or pnnt) 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last bighday) MONTHS ! papers Pagins JUNE 14 FEMALE YRS. 70 BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH cauntry .⊑ WIDOWED DIVORCED filled 10 CITY OR TOWN OF DEATH-12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street address) during mast of warking I fe, even if retired) INDUSTRY <u>×</u> event, 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE and in any 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last MALCOLM WILLIAM 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates at service) ar remaval, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave) barial-transit rise ta immediate cause (a). é DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 may be retained by the haspital ar attending 19g. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES -NO 🔀 certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) AT HOME, FARM STREET, FACTORY, 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from march _19_68, and that in (my) (our) opinion death accurred an the date and have and from the saw the deceased alive - What! causes stated above, (1) (we) (aid) (aid not) view the bady after death. FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** director, page 3 should be filed v PHYS 22d. PHYSIC AN'S 22e. ADDRESS NAME (Type) 23a BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (State) ((county) 9 24._EJNERAL DIRECTOR 25a. REC'D BY REGISTRAR



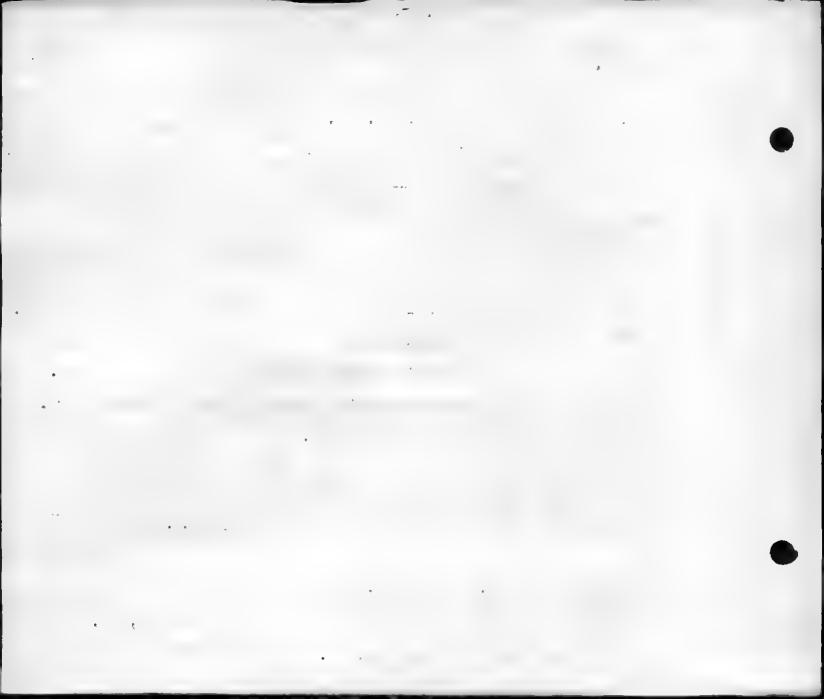
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECO	ORDS, 301 W. I	PRESTON STREET,	BALTIMORE,	MARYLAND	2120

		CERTIFICATE	OF DEATH		14			
	I PLACE OF DEATH O. COUNTY O		CTATE	Where deceased eved, function Reside				
	Carroll	MARYLAND			Illegany C			
	b CITY OR TOWN (If outside corporate firmits, write RURAL and give negrest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside carparate timits, write RURAL and gr	ve nearest tawn)			
	RuralSykesville	30yr. 10m. 10d	 Lonaconi 	.ng				
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g	ive street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	Springfield State Hospital		die step		YES NO T			
	3 NAME OF First	Middle	Lost	4. DATE Month	Day Year			
	DECEASED (Type or print) Marion	moi nin	Izat	OF DEATH 5	22 19 68			
.4	S SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	9 AGE (In years IF UNDER				
	female white WIDOWED	DE DIVORCED	8/19/91	76 yrs Months	Doys Hours Min.			
		ND OF BUSINESS OR	11. BIRTHPLACE (County)		ITIZEN OF WHAT			
	during most of working life, even if retired) INI housewife	DUSTRY	Marylan		OUNTRY? USA			
	13 FATHER'S NAME		14. MOTHER'S MAIDEN N					
	William Cuthbertson		Parks					
	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO 17 IN	NFORMANT	Address				
- 1	(Yes, no. or unknown) (If yes give wor or dates of service)	L4-07-5325 Spr	ingfield Ho	spital records, Syl	esville, Md.			
	18. CAUSE OF DEATH (Enter on y one couse per line for	(o), (b), ond (c).)			INTERVAL BETWEEN			
	DADT I DEATH WAS CAUSED DV	minuets						
	MANUELS (a) Cardiac arrest							
	Conditions, if any, which gove) (b) Cons	Commented to the same						
	rise to immediate couse (a), (
	stoting the underlying couse (c) Arteiosclerotic Cardio Vascular disease yrs.							
-	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO				19 WAS AUTOPSY			
K.	Manic depressive reaction 200 ACCIDENT WAS UNDERLYING IN 200 DEST OR CONTRIBUTING IN CALL SYMMATERS OF THE PROPERTY OF THE	PERFORMED?						
	200. ACCIDENT WAS UNDERLYING 1 20b. DES	SCRIBE HOW INJURY OCCURRED (-	Port I or Part II of Item 18.)				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT FY MEDICAL EXAMINER)		, , , , , , , , , , , , , , , , , , , ,					
	20c TIME OF INJURY Month, Doy, Year 20d IN	JURY OCCURRED 20e PLAC	E OF INJURY (Hame, form	, 20f (City or town) (C	cunty) (Stote)			
	20c TIME OF INJURY Month, Doy, Year Hour c.m While p.m 19 ctwork	Nat While facto	ory, street, office bldg., etc.)		()			
	21. I certify that \$\frac{1}{2}\$ (this haspital) attend	led the deceased from	7/12/	9.37 to 5/22/ 19	8 , that X (we) last			
	saw the deceased alive an 5/	22/19 <u>68</u> , and that	death accurred at	10:25, fram causes and an	the date stated above			
	22a SIGNATURE	()	ATTENDING -	AACD CTACE	DATE S GNED			
	Qual 1	Co pine M.D	PHYS L	DIRECTOR PHYS	5/22/68			
	22c PHYSICIAN'S NAME (Type) Renato R. Est	nima W D		Springfield State				
	10011400 100 201			Sykesville, Maryla	and			
	23a BURIAL, (REMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (Stote)			
	Burial 5/26/1968	1	emetery	Lonaconing, Mo	1.			
	24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRARS	SIGNATURE			
	George Eichhorn Le	onaconing, M	d. DATE MA	1 27 1968 your	10			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled real the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers, Eages 1 and 2 shauld be filed with the State Dept of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle W. 1ast 2c DATE OF DEATH 25. HOUR 5-26-58 Month (Type or punt) Marjorie Collicen Jenkins 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthdoy) MONTHS ! DAYS HOURS 7-24-17 White Female. requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED [] NEVER MARRIED [U.S.A. WIDOWED | DIVORCED (X) Carroll 12a USJAL OCCUPATION (Kind of work dane 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Springrield St. Hospital during most of working life, even if retired) Bookkeeper Sykesville 13e STREET AND NUMBER 13a USJA. RESIDENCE (Where deceased lived, if institut on. Residence before 13c CITY OR TOWN 134 INSIDE CITY LIM TS? 13b. COUNTY Bal 9006 Wilbur Avenue vland 1S. MOTHER'S MAIDEN NAME First Middle Lost Lost Helen V. Collison William Waters physicion o 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) cremotion, or removol, 223-03-0088 Springfield Hospital Records †B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND CEATE PART), DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) signed by the burial-tronsit p buriol, cremotia rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NOT 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED Stote City or Town County While Not white at work 22a I certify that (I) (this haspital) attended the deceased from 11-5-55 saw the deceased alive an 5-26-58 19 , and that in fo_5-26-68 , and that in (my) (aur) apinian death accurred an the date and hour and from the TO FUNERAL DIRECTOR: Af director, page 3 should be filed with the Should be filed with the S causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR PHYSICIAN'S 22e, ADDRESS NAME (Type) Gracito V. Patricio Springfield St. Hospital 23d LOGATION (City or Jown) 23c NAME OF CEMETERY OF CREMATORY (State) 23o BURIAL CREMATION (County) REMOVAL (Specify) aur Janz, 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 30M REV VI /68



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

		CERTIFICATE OF DEATH	0
£ 122		Month Day Year	HOUR
deot		DERT = F 1/2011 MAY 4 1968 3	PM
a las	3 SE	Terrale White March 5/885 lost birthdoy) MONTHS DAYS HOURS	MIN.
24 hours ed in the ppers. Pours	7a E cour	THPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9 COUNTY OF DEATH WIDOWED DIVORCED 9 COUNTY OF DEATH WIDOWED DIVORCED 9 COUNTY OF DEATH	Md
正 差配	16 C	TOR TOWN OF DEATH 11 NAME OF HOSPITAL OB INSTITUTION (If not in haspital during most of working life, every fretired) 120 USUAL OCCUPATION (Kind of work done during most of working life, every fretired) 11 NAME OF HOSPITAL OB INSTITUTION (If not in haspital during most of working life, every fretired) 12 USUAL OCCUPATION (Kind of work done during most of working life, every fretired)	OR
ate be executed with clan and completely eese remave corban and in any event, wit	130 odmi	AUAL RES DENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER ON) STATE Pary Community Country on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? NO BOLD ARMY ON THE PARTY OF THE PARTY	PHS
e execute and comp remave n any ev	14 f	HERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
		AS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address RD 23 181X	79
phys phys nen p		NO 216-09-8620 Myn Dolly Murray Reislan MC	YA.
ne deoth certific ottending phys permit. Then p		B. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c))? PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ETHERN ONSET AND C	MATH
t the d the officerring sit permononion,		anditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Carle faccule Described in the Control of Carle faccule Described in the Carle faccule Descr	
thot the control on the cremot cremot that the cremot t		se to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF	
equires t physicio signed l burial-tr		(c)	
v req	N		
The law ottendi hos be se os t	THEATION	PO. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	3
clan: itol or ificote for ur	MEDICAL CERTI	To ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) For contributions □ cause of part HOUR A.M. Month Day Year P.M. 19	
PHYSICIAN e hospitol his certificol trached for Dept. of He	MED	INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town County Street)	itate
DING J by th After It be de		20. I certify that (I) (this hospital) attended the deceased from Nay 6- , 1965, to Nay 9 , 1965, that (I) (w	c) la st
ATTENDIN etoined by CTOR: After should be iffh the Sta		cduses stated above, (I) (we) (did) (did 1101) view the body after death. 22c. DATE SIGNED	
OR DIRE		DEGREE PHYS DIRECTOR I STAFF I Many 9 190	18
O HOSPITAL O Page 4 moy be O FUNERAL DIF director, page		(NAME (Type) Joseph & Bush MD 22e. ADDRESS NAME (Type) Joseph & Bush MD Stand	
O HOSPITAI Page 4 moy O FUNERAL director, page 5 should be fi	230.	UNIA. CREMATION, 23B DATE 23c NAME OF CEMETERY OR CREMATORY 23g LOCATION (City or Town) (County) (State EMOVAL (Specify) 3-12-68 Old Databased 23g Location (City or Town)) ZNG
VR ATTE	24 '	ADDRESS 250. RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE	L.
SOM KET 1/98	11	MALIA NEW METHALICIAN CALABRASTICO PLANTA NO 3 1000 IT	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a. DATE OF DEATH 26 HOUR_ death. requires that the death certificate be executed within 24 hours after death. the funeral 25 (Type or pont) 4 RACE IF UNDER 1 YEAR F JINDER 24 HRS 3 SEX 5. DATE OF BIRTH 6 AGE (In years in by The last b rthday) MONTHS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED papers WIDOWED 52 O VORCED campletely filled 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired) carbon 34 130, STREET AND NUMBER 13a USUA, RESIDENCE (Where deceased I ved, if institution. Residence before CITY OR TOWN 13d. WSIDE CITY LIMATS? remove and in any 14 FATHER'S NAME FIRST Last IS MOTHER'S MAIDEN NAME First Middle DIII physician on the please please 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMAN 16b SOCIAL SECURITY NO Address Yes no or unknown) [[If yes give war or dates of service] ar removal, Chura attending poermit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. permit. CEREBRAL VASCULAR ACCIDENT IMMEDIATE CAUSE (a) buriar-transıt perr burıal, crematian, 4120 the Candit ans, if any, which gave) VPERTENSIVE ARTERIOSCLEROTIC rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by physician. stating the underlying cause CARDIOVASCULAR ISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospital ar attending as the priarta NEUMONIA has been 19g. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T detached far use te Dept. af Health O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING ATTENDING PHYSICIAN: 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d Mr. JRY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. County State City or Tawn While Nat while at wark 22a I certify that (I) (this haspital) attended the deceased fram-19 6K, and that in (my) (our) apinion death occurred an the date and haur and from the saw the deceased alive an be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death 225 SIGNATURI 22c. DATE SIGNED AFTENDING PHYS director, page 3 DIRECTOR PHYSICIAN S 22e ADDRESS Page 4 may NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) 25b REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FLINERAL DIRECTOR ADDRESS 30M REV 1/68

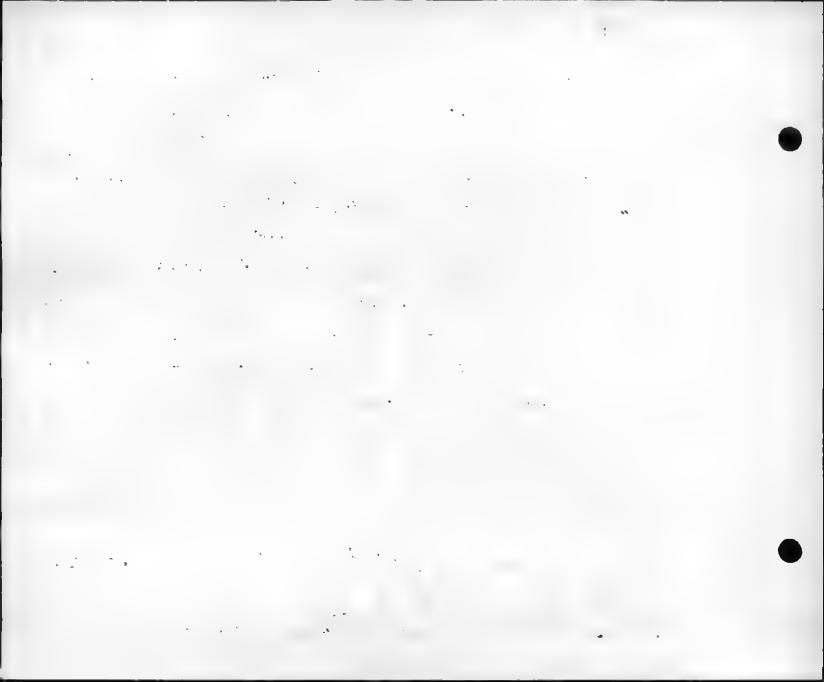


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26908 inst 20 DATE OF DEATH 2b HOUR Middle . DECEASED-NAME First Year (Type or print) 25, Charles A Litsinger 0 6 2 4. RACE S. DATE OF BIRTH 6. AGE (In years F JMDER 1 YEAR IF UNDER 24 HRS. 3 SEX 1898 White HOURS iost birthday) 26. Male June requires that the death certificate be executed within 24 haurs at papers. Page thin 72 haurs a 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED SANEVER MARRIED country) Balto. City U.S.A. Carroll WIDOWED [DIVORCED [12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 10 CITY OR TOWN OF DEATH give street oddress)
Carroll WIT carban Co. Hospital Westminster 13a USUAL RES DENCE (Where deceased lived, if 'institution, Residence before 113c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md. 13b COUNTY Carroll Manchester 202 York St. YES-ESremave 15 MOTHER S MAIDEN NAME First Middle 14 FATHER'S NAME Lost Mary Clemens John Litsinger please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unkpown) Mrs. Helen Litsinger Manchester, Md. (Wife 213-10-2817 APPROX.MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) crematian, signed by the burial-transit p burial, crematic Conditions, if any, which gove) Therascleutin rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the priar ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? S CAUSES OF DEATH? NO F YES 🗀 far use Health p 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY fa OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached for te Dept, af h (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Nat while at work ATTENDING 220 I certify that (1) (this hospital) attended the deceased from Gener 7, 1968, ta may 10, 1968, that (1) (we) last may 10 ___19_68, and that in (my) (our) apinion death accurred on the date and have ond from the saw the deceased alive an -Page 4 may be retained couses stated above. (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE DIRECTOR director, page 3 22e. ADDRESS 22d PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) (County) 230 BURIAL, CREMATION 23b DATE REMOVAL (Specify) Parkwood Cemetery Parkville Balto. Md. FLINERAL DIRECTOR VR A15 [4] 30M REV 1/68 Tipton - Eline Funeral Home Hampstead, Md. DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR Midd e 1. DECEASED-NAME First ond 2 death. requires that the duath certificate be executed within 24 hours after death (Type or print) ANNIE IF UNDER I YEAR IF JINCER 24 HRS. S. DATE OF BIRTH 6 AGE (In years DAYS HOURS last birthday) FEMALE and completely filled in by Ja. BIRTHPJACE (State or fare an 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED CARROLL WIDOWED 2 DIVORCED | 12a JSBAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired) INDUSTRY give street address) corbon MESTANINSTER OSPV CHOTHING FACTORY EMPLOYEE 13a. USJAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 138. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY remove IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Last 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANI Yes, na, or unknown) 213-05-3865AW. ROBERT LONGA or removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per sine for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY CIRCULATORY 1 HOUR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-tronsit p THORACIC Canditions, if any, which gave ! AORTIC rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signmd by stating the underlying cause EMRS GENERALIZED ARTERIO SCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) BRONCHITIS attending O FUNIRAL DIRECTOR: After this certificate has been Health prior to os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO use by the hospital or 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 힏 THOR CONTRIBUTING THE CAUSE OF DEATH HOUR AM. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY, 21f. LOCATION Street or R.F.D. No. County State City or Town White Nat while at wark at wark 22a I certify that (I) (this haspital) attended the deceased from 5/13, 1965, ta 5/16, 1965, that (I) (we) last saw the deceased alive an 5/16 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the be retoined director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 225-SIGNATURE 22c DATE SLGNED ATTENDING DEGREE 22_B ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY-OR-CREMATORY 23b. DATE 23d LOCATION (City or Town) (County) (State) 23a. BURIAL, EREMATION, REMOVAL (Specify) ST LOHNS CATHOLIC CEM. 25a. REC D BY REGISTRAR ADDRESS FUNERAL DIRECTOR VR A15 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 316910 DECEASED NAME Merrick Merrick 20 DATE OF DEATH First 2b. HOUR McAfee requires that the death certificate be executed within 24 hours after death (Type or print) Raymond 3. SEX 4 RACE 6 AGE (In years S. DATE OF BIRTH I900-247 HOURS Dec. 15. Male White 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED A NEVER MARRIED country) Maryland CarrollWashington WIDOWED [DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not Street event, within 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Hospitaling most of warking life, even if ret red) Poq Sykesville 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before S. Potomac 13c CITY OR TOWN 13d. INSIDE CITY L M TS? odmission) STATMaryland Hagerstowh YES [X] remove 14 FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Last Slick eose 16b SOC AL SECUR TY NO 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 214-09-5531 (If yes give war or dates of service) USUS SUBJOYNO signed by the allending physi buriol-tronsit permit. Then phouriol, cremotion, or removal, Records-SpringField State Hospital 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) posterior myocarc (6) Coronary Arteriosclerosis with thrombosis Canditians, if only, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. 4201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Cronic Brain Syndrome Associated With Cerebral Arteriosclerosis With Researchetic has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? 8 YES T CAUSES OF DEATH? NO [this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CALSE OF GEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21d IN.JRY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 214 LOCATION Street or R.F.D. No. City or Town County Stote While Not while of wark ot wark " 220. I certify that (I) (this hospital) attended the deceased from 1-7-50 saw the deceased alive an 29-28 19 and that in (I) TO FUMIRAL DIMICTOR: After and that in (my)-four) opinion death accurred on the date and have and from the couses stated above, (1) (we) (dut) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. 5-30-69 DEGREE DIRECTOR director, page stoold be filed PHYS 22e ADDRESS Springfieldfield State Hospital 22d PHYSIC AN'S NAME (Type) Sykesville Md.2178h Octavio Ruiz.M.D. 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, (County) Rest Haven Cemetery Hagerstown-Washington-Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 1968 PENNSY HAME HUCE.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 a 1 to CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 2b HOUR 1. DECEASED-NAME First M ddle Yeor 5:15p M (Type or print) Caster Louise Miller IF UNDER 24 HRS. S. DATE OF BIRTH IF JNDER 1 YEAR 4 RACE 6 AGE (In years 3. SEX lost buthday) HOURS unknown Female Negro 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) U.S.A. WIDOWED [DIVORCED [7] Carroll County, Virginia 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddiess)
Springfield St. Hosp. INDUSTRY Sykesville 130 USUAL RESIDENCE (Where deceased lived, if pst tution. Residence before. 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER Street odm ssion) STATE Maryland 13h COUNTY Balte. City Baltimore YESK by the attending physician and ca transit permit. Then please remo-cremation, ar remaval, and In any TS MOTHER'S MAIDEN NAME First Middle 14. FATHER 5 NAME Middle Lost Caster Henrietta Caster Tom 16b SOCIAL SECURITY NO. 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give wor er dates of service) Records, Springfield State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY davs IMMEDIATE CAUSE (o) uremic acidosis DUE TO, OR AS A CONSEQUENCE OF months Conditions, if any, which gave) transit (b) renal failure rise to immediate couse (o), signed by t burial trans burial, crem DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying couse (d) arteriosclerotic cardiovascular disease vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CBS, associated with cerebral arteriosclerosis with psychotic reaction. has been as the 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. ALTOPSY? CAUSES OF DEATH? YES 🗀 NO TO be detached for use State Dept. of Health this certificate 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote of work Of work 22a. 1 certify that (I) (this hospital) ottended the deceased from 10/25/6619 to 5/3/68, 19 , that (I) (we) last saw the deceased dive on 5/3/68 19 , and that in (my) (our) opinion death occurred on the date and hour and from the 10/25/6619_____, to___ 5/3/68, 19 that (I) (we) last O FUNERAL DIRECTOR: After director, page 3 shauld shauld shauld couses stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 5/3/68 226 SIGNATURE **ATTENDING** MED DIRECTOR 22e. ADDRESS Springfield State Hospital 22d. PHYSICIAN'S Antonius Glahn NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE 5 /14/68 REMOVAL (Specify) Calvary Cemetry Mt County Md Burial
24 FUNERAL DIRECTOR 256 REGISTRAES, S GNATURE Judge **ADDRESS** 2So. REC'D BY REGISTRAR 1968 North Ave 1206 W Adolphus Halstead DATE

igw requires that the death certificate be executed within 24 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middie Last 20. DATE OF DEATH 2b. HOUR e law requires that the deoth certificate be executed within 24 hours after death. completely filled in by the fuperal tove corbon popers. Pages/1 and it event, within 72 hours after characters. (Type or print) Month 5/99/68 C. (NMN) Mobley 11:00 Julia 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR OF LINDER 24 HRS 66 3/8/1902 Negro Female 70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) S.C. U.S.A. Carroll County. WIDOWED PR ease remave carbon paper and in any event, within 72 DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (final in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Springiield State Hospital during most of working ite, even if retired) INDUSTRY Sykesville 13a. LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 188 INSIDE CITY LIMITS? 13b COUNT Balto. City Baltimore YES 😿 3312 Woodland Avenue Maryland 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Cunningham Raechel Robinson Jonas signed by the attending physican burial-transit permit. Then please burial, cremotion, ar removal, and i 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknown) Records, Springfield State Hospital APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Multiple infected bed sores Weeks DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Years (b) Arteriosclerotic cardiovascular diseased ase to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF attending physicion. stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been be detached for use as the State Dept. of Health prior to CBS, associated with senile brain disease with psychotic reaction. 20o. AUTOPSY? 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO SE by the hospital or O FUNERAL DIRECTOR: After this certificote ATTENDING PHYSICIAN: 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P,M 2 d INLURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. OFFICE BUILDING, ETC 21e PLACE OF INJURY City or Town County State While Not while at wark at wark 220. I **certify** that (I) (this hospital) attended the deceased from 9/28/66, 19 saw the deceased dive on 5/9/68 19, and that in (my) (our) or 5/9/689 . . . to and that in (my) (our) opinian death accurred on the date and hour and fram the be retoined director, page 3 should should should should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 226-SIGNATURE 22c. DATE SIGNED MED DIRECTOR STAFF PHYS 50 May 9, 1968 22d. PHYSICIAN S 22e. ADDRESS Sykesville, Md. NAME (Type) Antonius Glahn, M.D Springfield State Hospital 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o, BLR AL CREMATION, (County) (State) Burial (Specify) 5-13-68 Carver Mem. Park Laurel. Md. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MORTON & DYETT F.H. 1701 Laurens St. 30M REV 1/68



36913

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1.	PLACE OF DEATH			<u> </u>		2. USUAL RESIDENCE	(Where deceosed I	ived, if institution: Reside	nce before admission)
	o. COUNTY	Carroll		44 A D.V.	T. AAITD.	o. STATE Maryl		b. COUNTY	
Н		If outside corporate limit		c. LENGTH OF STAY I		THEITY I.	and	عنی mits, write RURAL ond giv	rroll
	write RURAL and	Agive negrest town)	2.	C. CLROIII OF STATE	10	Mt. Ai	orange corporere in	mis, while Kokat olid gr	e neolest lowill
		AL OR INSTITUTION (If no	ot in hospital, a	ive street oddress)		d. STREET ADDRESS	Ly		e. IS RESIDENCE
		ural		,		Rural			ON A FARM?
3	NAME OF	Fi	rst	Middle		Lost	4 DATE	Month	Doy Year
L	DECEASED (Type or print)	CHAR			IURA!	DIAN	OF DEATH	May 3,	19 68
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9 AC	GE (In years IF JNDER	
	Male	Cauc.	WIDOWED	DIVORCED		Mar. 5, 1	900 68	st birthdoy) Months yrs.	Doys Hours Min
10 du	o. USUAL OCCUPATION uring most of working Cleres	(G've kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Turkey	y & Stote, or foreign		U.S.
1:	FATHER'S NAME	7 2.000.00				14 MOTHER'S MAIDEN	NAME		0.00
	Geor	rge Murad:	ian						
1	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17 1	NFORMANT Win	fe	Address	
(res, no, or unknown)	(If yes give wor or dotes o	U1	nknown	E1	len Murac		Same as	Item 2.
	18. CAUSE OF DI PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY:	13	(o), (b), and (c).) EIRCUL	27	345/ 12	3/ (.A)	BCF	INTERVAL BETWEEN ONSET AND DEATH
	+10	7 IMMEDIATE CAUSE		NICOUNCE	7/	noy le	1.6.11	10	SMIA
	Conditions, if any	, which gove)	(b) A	cutt	M	YOCARDO	1AL 11	FARCTION	30 41N
	stating the unde	riying couse	TO (c)	RTT-KIO	50	LEKOTIC	HEART	- DISCASE	5+ YCAN
20	PART II OTHER SI	GNIFICANT CONDITIONS O	ONTRIBUTING TO	O DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE CO	INDITION GIVEN IN	PART I(o)	19 WAS AUTOPSY
ATIO	4	4100	1446	20101509	7	PEPT	70 60	ICER	PERFORMED? YES NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OF	EURRED.	Enter noture of injury in	Part 1 or Part 11 o	of item 1B.)	
MEDICAL	20c. TIME OF INJI Hour o.r	URY Month, Doy, Yeor	20d. IN While of work	JURY OCCURRED Not While at work		CE OF INJURY (Horne, for ory, street, office bldg., etc.		ty or town) (Co	ounty) (Stote)
	21. 1 certi	fy that (I) (this has	pital) attend	led the deceased	fram		19.56 ta_	5/3,19	EY, that (1) (we) las
П		eceased alive an	-4	1241968,0	and tha	t death accurred a	1430AM, 1		the date stated above
	220 SIGNATURE	Marl.	Es E	Sowares	E M.I	******	MED DIRECTOR	STAFF 22b. (DATE SIGNED
	22c. PHYSICIAN'S NAME (Type		ies s	AVARES	Ende	22d. ADDRESS	Rich	WILLE PR	ROCKVILLE,
	O BURIAL, CREMATIC		REOF	23c. NAME OF CEME	TERY OR I	REMATORY	23d LOCATI	ON (City or Town)	(County) (Stote)
	rematio	20	68	Cedar 1	Iill	Cremator			cyland
1	4. FUNERAL DIRECTO		1152 1	ADDRESS		2So. REC	D BY REGISTRAR	2Sb REGISTRARS	SIGNATURE Judge
	ROBERT	A. PUMPHR	EX, Be	ethesda,	Mar	yland DATE	MAY 13	1968 Jell	and hand

TO MOSPITAL OF ATTINDING EHYSICEN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

YR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled, idirector, page 3 should be detached for use as the burial-transit permit. Then please remove carban paped should be filed with the State Dept. af Health prior to burial, cremotian, ar removal, and in any event, within 72



1	MARYLAND STATE DEPARTMENT OF HEALTH	
11	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 .
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) MARY FLIZABETH NICKOLES 20 DATE KNOWN Month Do OF ESTI- DEATH MATED 5-1	A. F. C. Y. 183
2, and PM3 P	3 SEX FEMALE White Sept. 23, 1918 of BIRTH OF BIRTH Sept. 22. DATE PRONOUNCED DEAD Month S Days Hours MAN Month S Doy 13	Year 1968 24 M
form te	70 BIRTHPLACE (Stote or fore gn 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED SONEYER MARR ED 9. COUNTY OF DEATH COUNTRY) NO. 6. A. W DOWED DIVORCED CARROLL	Md
hours after death tem 18 Give Pages 1, Office along with form land 2 with the State of	SYKESVILLE givestreet oddress Hill Road during, most of working I fe, even if retired) INE	OUSTRY 1
rs after 18 Gr e olong 2 with deoth.	130 USJAL RESIDENCE (Where deceosed I ved, 1 institut on Residence before 13c CITY OR TOWN odmission) STATE Md. 136 COUNTY CArroll SYKESUILE YES IN NO MINERAL TIME	ROAd
	14 FATHERS NAME First Middle Lost 1s MOTHER'S MAIDEN NAME First Middle William - Luers Florence -	Keck
I within 24 in pencir in Exominer's File pages	160 WAS DECEASED EVER IN LS ARMED FORCES? (Yes, no, of unknown) (Il yes give wor or dones of service) 16b SOCIAL SECURITY NO. 17 INFORMANT MP. Victor Nickoles SYKES	ville, Md.
	18 CAUSE OF DEATH (Enter only one couse per line to (a), (b) and (c).) PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (a) LOCAL COURSE OF DEATH (Enter only one couse per line to (a), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed and a spending Chief Medic Medic Ironsit permits y event with	Conditions, if any, which gove (b) Due TO, OR AS A CONSEQUENCE OF PLEASE OF (b) Perfections (b)	39-00
wor wor the riol-	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ote g th ed 1 s a	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	· · · · · · · · · · · · · · · · · · ·
h's certific ate, writin e forward be used as removal	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter noture of injury to Part 1 or Part 2, Item	20 AUTOPSY? YES NOTES
or or	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	18)
EXAMINER: cute the certiage 4 should your files. Boge 3 should. tremation,	21d INJURY OCCURRED VALUE AT WORK AT W	County State
P For P P P P P P P P P P P P P P P P P P P	220 I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and resulted from Notural courses , Accident , Suicide , Hamicide , Undetermined manner	and in my opinion
9.2	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGNATURE ASSISTANT MEDICAL EXAM NER 226 DATE SIG	NED_ 12 (V
EPU ssar fune oy k NNER	EXAMINER'S W. Glenn Speicher DEPLIY MEDICAL EXAMINER DA NAME (Type)	5-13-68
TO D the S m TO FL	230 BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co BURIAL CREMATION) 5-16-68 LAKE LIEW CEMERERY SYRESUITE	ounty) (SigNA) Mal.
VR A15ME (5)	24 F. NERAL DIRECTOR 250 REC OF BY REGISTRAR 250 REG STRARS 31GI	

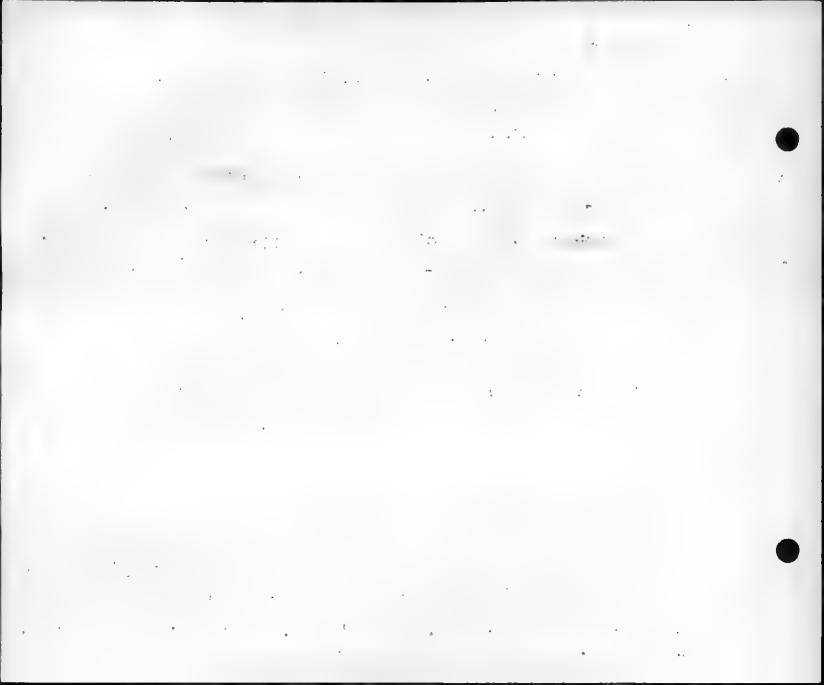


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ... 303 CERTIFICATE OF DEATH 2n DATE OF DEATH 2b HOUR DECEASED-NAME (Type or print) DONALD 4 RACE S. DATE OF BIRTH FUNDER YEAR 6. AGE (n years last_birthday) MAYS MALE 7a B RTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 12 NEVER MARRIED 1 DIVORCED [WIDOWED [TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within during mast of warking fe, even if retired) hen please remaye torbon WESTMINISTER 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e, STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY UM TSP or remayal, and in any 14 FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First LILLIE 16b SOCIAL SECURITY NO 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) WESTMINSTER 216-10-006 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART 1, DEATH WAS CAUSED BY: CARDIAC 30 MIN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) HOUTE **burial-transit** rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; ARTERIO SCLEROTIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) os the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? for use YES 🖂 NO [21a ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Ng. 21d. INJURY OCCURRED State City or Town County While Not while at work 220. I certify that (1) (this haspital) attended the deceased from_ ____, that (I) (we) last sow the deceased alive on.... 5 /9 1968, and that in (my) (our) opinion death occurred on the date and hour and from the Page 4 may be retoined causes stated abave, (1) (we) (did) (did not) view the bady after death. SIGNATURE 22c DATE SIGNED DIRECTOR PHYSICIAN'S 22e ADDRESS NAME (Type) director, should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a BURIAL, CREMATION, (County) VR A15 (4) 30M REV 1/68

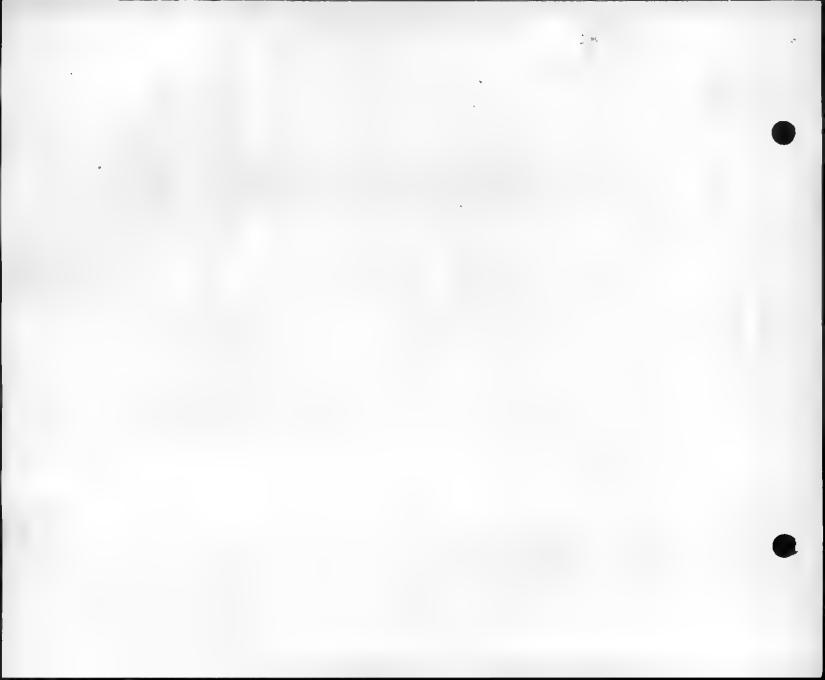


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF OEATH Middle Last 2b HOUR DECEASED NAME First May 1968 (Type or print) 1 A. N MAMIN IF JINDER 24 HRS. 5 DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER I YEAR 4 RACE 3. SEX MONTHS 9 COUNTY OF DEATH WHAT COUNTRY? 7a BIRTHPLACE (State or fareign MARRIED NEVER MARRIED country) DIVORCED [ARRO WIDOWED papel OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 12a USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR NAME OF HOSPITAL OR INSTITUTION (If not in haspital event, within 10 CITY OR TOWN OF DEATH during most of working life, even if retired) INDLISTRY give street address) carban campletely UMMER 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13b. COUNTY ARROL NO 🔀 admission) STATE NORTH AVE remove ar remayal, and in any 15. MOTHER'S MAIDEN NAME First Last 14 FATHER S NAME Middle gud physician 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wer or dates of service) Yesang, or unknown) 54KESUILE -03-336 APPROX MATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerosis, generalized bur al-transit pem burial, crematian, 1958 through DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) 5/26/68 (h) Arteriosclerotic beart disease. rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse, (d) Coronary thrombosis and cardiac arrest. signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(a) ed far use as the t . af Health prior ta b attending has been CERTIFICATION 206 IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗍 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY be retained by the haspital ar FT OR CONTRIBUTING TT CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. County State 21d INJURY OCCURRED City or Town While Nat while at wark at wark L 220. I certify that (1) (this hospital) attended the deceased from 1958 saw the deceased alive an 420 1968, and that in to May 26, 19 68 , that (1) (we) last 19 _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE May 27, 1968 ATTENDING DEGREE DIRECTOR director, page 3 PHYS 22e. ADDRESS 22d. PHYSICIAN S O HOSPITAL Sykesville, Md. NAME (Type) Howard E. Hall, M.D. 23d LOCATION (City or Town) (State) 23c NAME OF CEMETERY OR CREMATORY (County) 23a BURIAL, CREMATION 23b. DATE REMOVAL (Specify) HOWA PURIN 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR P'Isantas & 30M REV. 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death ogeral Tand (Type or print) ENN 3 SEX 4. RACE DATE OF BIRTH IF JNDER YEAR IF UNDER 24 HRS. 6, AGE (n years ast birthday) FEMALE 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) physician and completely filled in PARROLL WIDOWED DIVORCED 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) FINKSBURG HOUSE WIFF event, 13a USUA, RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? YES OFF CLD ROUTE pleose remove and in any 14. FATHER S NAME Middle IS, MOTHER'S MAIDEN NAME First First Last UNKNOWN Address SAME 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 16-20-135 DA MA. CLARENCE E., signed by the attending bunal-transit permit. Th 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CEREBRAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) VPERTENSIVE CARDIOVASCULAR rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF ottending physician. stating the underlying cause RENAL UNILATERAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 44.53 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗌 NO [21g ACCIDENT WAS UNDERLYING 216 TIME OF NURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year detached for the Dept of h (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY | AT HOME, FARM, STREET FACTORY | 21f LOCATION Street or R.F.D. No. City of Town County State While Nat while at work at wark TENDING 22a. I certify that (1) (this haspital) attended the deceased from 5///, 1968, to 5/25, 1965, that (1) (we) last saw the deceased of ve an 5/25 1968, and that in (my) (our) opinion death accurred on the date and hour and from the 0 couses stated above, (1) (we) (d d) (did not) view the bady after death. 22b SIGNAPURE 22c DATE SIGNED ATTENDING director, page Should be filed PHYS DIRECTOR PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (Stote) 23o. BURIAL, CREMATION 23b DATE REC D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

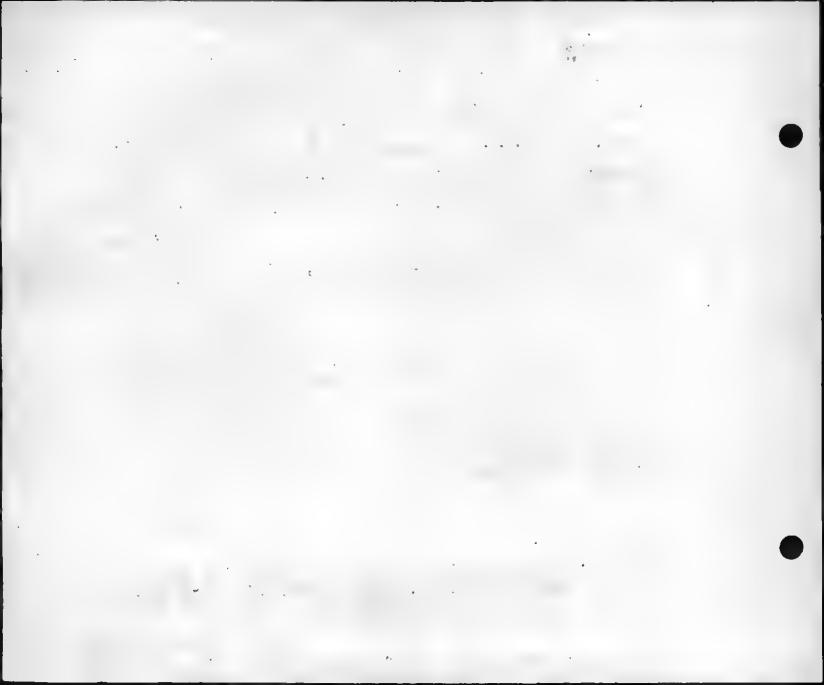
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2b. HOUR P DECEASED-NAME First Middle ast 2g. DATE OF DEATH (Type or print) 5:30 EIGIN POOLE JOHN 4 RACE 5. DATE OF BIRTH 6 AGE (In years HE JINDER 1 YEAR IF UNDER 24 HRS 3 SEX 12/05/02 last birthday) MONTHS 1 HOURS Caucasian Mala 8 MARRIED M NEVER MARRIED 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? U. S. A. Marvland DIVORCED [Carroll WIDOWED [10 CITY OR TOWN OF DEATH 12n USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR Springfield during gost of warking life, even if retired.) netail Svkesville State Hosp. store 13a USJA: RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY JAKITS? 13b (OUNTY Montg. 26 Manakee Street Rockville YES NO | Maryland 14. FATHER'S NAME Middle Last IS. MOTHER'S MAJDEN NAME First Middle First Last REED POOLE **LAURA** L EIGIN **JOHN** 16b SOCIAL SECURITY NO. 17. INFORMANT Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 41 0519 Hospital records APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. Broncho-pneumonia days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Cerebrovascular accident(thrombosis) Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the under ving couse: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CBS assoc, with circulatory disturbance with psychotic reaction 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (F(this haspital) attended the deceased from 3/31 , 19 05, to 5/30 , 19 00 , that (f) (we) last saw the deceased dive an 5/30/ 1908, and that in (Ry) (aur) apinian death accurred an the date and haur and from the causes stated above (1) (we) (did) (400) view the body after death. 22c DATE SIGNED 22b SIGNATURE MED. DIRECTOR **ATTENDING** STAFF PHYS. 5/30/68 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS Lak Hapner, M. D. Springfield State Hospital NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION. 23b DATE (County) (Stote) REMOVAL (Specify) 6/3/68 Rockville i.ontgomery M.d. Parklamn 1958. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR Tyson Wheeler 25a REC'D BY REGISTRAR Rockville

requires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and 2 haurs after led in the filled = event, como remove signed by the ottending physicion and co burial-transit permit. Then piease remo burial, cremotion, or removal, and in any by the hospital or attending physicion. prior to has been Heolth F O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt be retoined

30M REV 1468





	MARTLAN	D SIAIE DEPAR	CLIMEIAL	OF REALIN		
VISION OF	VITAL RECORDS,	301 W. PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
	1	CERTIFICATE (DE DEA	ATH		

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	0691	5			CERTIF	ICATE OF	DEATH								ú
	ECEASED NAME	First		Middle	_	Lost	20 E	Hands Day Van					- 1	. HOUR	
	Type or print)	WALTE	R SCO	TT	Price								1968 10		0:45
3. S	Male		4 RACE Ca	u.		s. date of Decem	BIRTH ber 30,	188	87	6. AGE (In y last bythad	ears ay) YRS.	MONTHS	R YEAR DAYS	IF JNDE HOURS	ER 24 HRS.
7a (au	BIRTHPLACE (State ntry) Maryla	ar fareign and	75 CITIZEN OF WI	HAT COUNTRY?	8. MARRI WIDOW	EDXX NEVER MA	RRIED	9 COU	nty of Car	DEATH roll			-	,	Md.
	CITY OR TOWN OF			AME OF HOSPITAL OR IN	STITUTION ((If not in haspital				(Kind of war			KIND OF	BUSINE	
S	ykesville	2	RE.	street oddress)			during me	ast of w	orking ⊇ r	life, even if r	et red }	IND	USTRY E	arn	a.
13a odm	USUAL RESIDENCE HISSION) STATE ME	(Where deceos	ed lived, if institut 13b. COUNTY C	ion Residence before		OR TOWN	YES NO	MITS?		REET AND NU	MBER				
	FATHER'S NAME	First	Middle	Lost		IS. MOTHER S /	MAIDEN NAME F	ırst			Aiddle			Lost	
	John	R.	,	Price		Arab	elle						Reb:	insc	on
160	. WAS DECEASED EV Yes, no, or unknown	ER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURITY	NO.	7. INFORMANT				A	ddress				
			TOT OF CO. 15 OF SOLVICE)	214-36-96	539	Mrs. Em	na R. P	rice	e, S	ame as	s # .	13			
				ne far (o), (b), and (c)									APPROXII DETWEEN O	NATE INTE	RYAL
	PART I. DEA	TH WAS CAUSES	D BY ATE CAUSE (a)	ASHD,	Auri	cular f	brillat	tion	1,						
	12	9		AS A CONSEQUENCE OF									1960		
Н	Conditions, if only, which gave (b) Coronary thrombosis, cardiac arrest, through														
	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF														
	Obestiy and arteriosclerosis, generalized.														
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)														
吾															
CERTIFICATION	190. DATE OF OPER	ATION 19b	CONDITION FOR WH	ICH OPERATION WAS PE	ERFORMED	20a. AUT				YES, WERE FI OF DEATH?	ndings (ONSIDER	SIDERED IN CERTIFYING		
	21 o. ACCIDENT W			FINJURY Month Doy Year		. HOW INJURY O	CCURRED (Enter	nature	af injur	y in Port 1 o	r Port 2,	Item 18	.)		
MEDICAL	(If either, notify	medical exami	ner) P.M.	1	9										
*	21d INJURY OCC While Not w	JRRED 21e	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21	F LOCATION Str	eet or R.F.D Na		City	or Tawn		Coun	ity		State
	While Nat w	ork —	1 12 13 44		1.	7.0157	10			10.00	10	A.V		113 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	220. I certify	that (I) (th	is hospital) atti	ended the deceas	ed from. 19 68	and that in (s	2, 19 py) (our) one	nion d	IO	LINA TA	19 , 19	oto one	, that	(1) (1)	ve) last
	COUSES S	t∎ted obove	e, (I) (we) (did)	(did not) yiew the	body of	er deoth.	ily) (obi) opi	illoll d	ieom o	iccurred or	i ille ut	JIE OIIC	0 11001	ond n	OIII III 6
	22b SIGNATUR	20-2	LE	QLa11	1 1	ATTEND	ING M	IED IRECTOR		STAFF PHYS.	22c.	DATE SIG	GNED ay 1	4,	1968
	22d PHYSICIAN'S NAME (Type)	How	vard E. H	all, M.D.		22e. AD		kesv	/i11	e, Mar	ylar	nd			
230	BURIAL, CREMATIC		DATE	23c NAME OF	CEMETERY	OR CREMATORY		23d.	LOCATIO	N (City of To	wn)	(Cori	nty)_	(Stol	te)
	BUR LAL		7 17. 196	8 Chest		Grave				more				nd	
24. W	in. Cook.	Brooks	Towson,	1050 York Towsen, M	Road	1 204	2So REC'D B	Y REGIS	TRAR	25b. RE6	GISTRAR'S		URE	ndg	III.,

funeral of and 2 or death. TO HOSPITAL OR ATTINDING REVIEWAY: The law requires that the death certificate be executed within 21 hours after Teath.

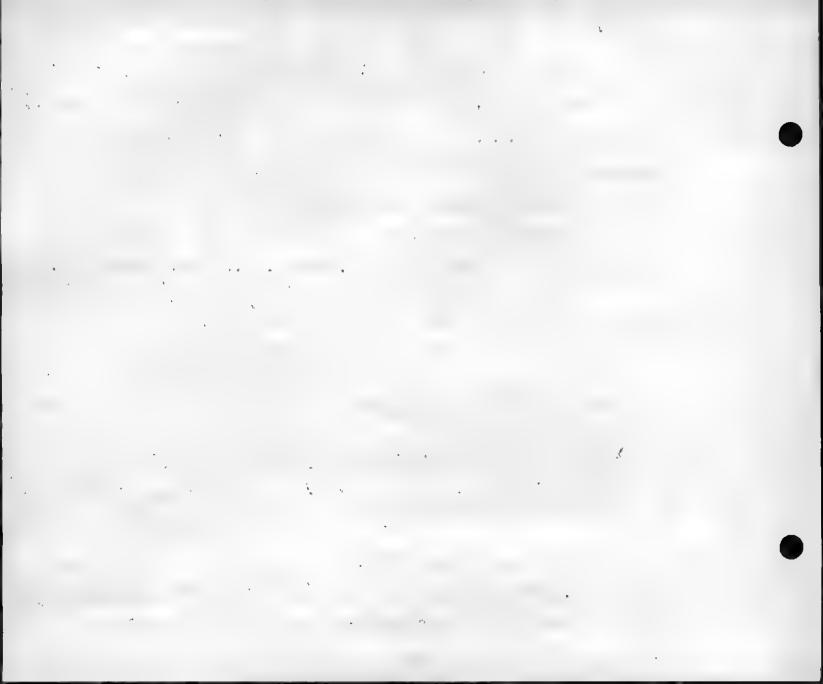
Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physkian a≡d campletely directar, page 3 shauld be defached far use as the burial-transit permit. Then please remave carbdeshould be filed with the State Dept. af Health priar to burial, crematran, or removal, and in any event, w

VR A15 (4) 30M REV 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN I DECEASED NAME (Type or Print) Page DEATH MATED IF UNDER 24 HPS. White Oct. 28, 1919 Male YRS 7o B.RTHPLACE (State or fore an 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Maryland U.S.A. WIDOWED | DIVORCED [Carroll. 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital IO. CITY OR TOWN OF DEATH 120. USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street oddress) R.D during most of working life, even if retired)
Parts Manager Taylorsville Garage 130 USUAL RESIDENCE (Where deceased I ved, it institution Residence before 13c CITY OR TOWN 13d. «NSIDE GITY L MITS? 13e STREET AND NUMBER odm ssion) STATE Maryland COUNTY Carroll Woodbine YES X NO 14. FATHER S NAME Middle Lost 15. MOTHER S MAIDEN NAME First Calvin N. Purdum Kelly Emma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, po, or unknown) 219-05-228d Mrs. Mary C. Purdum Same As 18 CAUSE OF DEATH (Enter on y one couse per I ne for (o), (b), and (c)) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying touse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 19b COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PR MARY CONTRIBUTING 21d INJURY OCCURRED 21+ LOCATION SHEET PEDIN 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry and in my opinion deoth resulted from Notural causes Accident K. Suicide . Homicide Undetermined monner ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Glenn Speicher 0 230 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify)
Burial 5/8/1968 Lakeview Memorial Gardens 24 FUNERAL DIRECTOR Munico M. Waltz, Box 241, Sykesville, Md. DATE

The state of the s 'n



ALFRED

25 HOUR

First

3 SEX completely filled in by corbon ond in ony event, physic on and comp en pleose remove signed by the offending physi buriof-transit permit. Then pl buriof, cremation, or removal,

ottending physician. prior to 1 hos been certificote O FUNERAL DIRECTOR: After this be retoined page 3 e filed v director, Should by

requirem that the demth certificate be mxecuted within 14 hours ofter dmath.

DAVID ROSS. SR. MAY 4. RACE 5. DATE OF BIRTH 6 AGE (n years F JNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) HOURS MONTHS Y 6-28-03 Male Negro YRS. Ta. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED North Carolina Carroll DIVORCED [U.S.A. WIDOWED -IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPAT ON (Kind of work done 12h KIND OF BUSINESS OR give street address) during most of working I fe, even if retired) INDUSTRY Sykesville Sykesville Springfield State Hospital
13a USUAL RESIDENCE (Where deceosed lived | function | Residence before | 13c. CITY OR TOWN | 13d Factory Worker 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13P COUNTA YES TE h122 Kathland Ave. Baltimore NO 🗔 Battimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle Lost Ethrum Ross Quick Carrie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes no, or unknown) [(If yes give wor ar dates al service) 218-05-3750 Records, Springfield State Hospital 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Encephalopathy due to arteriosclerosis Years DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause REKY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) BS assoc. with cereoral arteriosclerosis, with psychotic reaction 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 3 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street of R.E.D. No. City or Town County State While Not while at wark 220. I certify that (!) (this haspital) attended the deceased from 3-29-68. to_5-6-68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above_(1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 5-7-68 DEGREE PHYS. 22e. ADDRESS Springfield State Hospital 22d PHYS CIAN'S NAME (Type) Alberto Gonzalez. Sykesville, Maryland 2178h 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Spacety) 5/10/68 Carver Memoriall Park Laurel Maryland 25a RECD BY REGISTRAR 368 25b. ADDRESS 24. FUNERAL DIRECTOR Herbert E. Nutter-3035 W. North Ave.

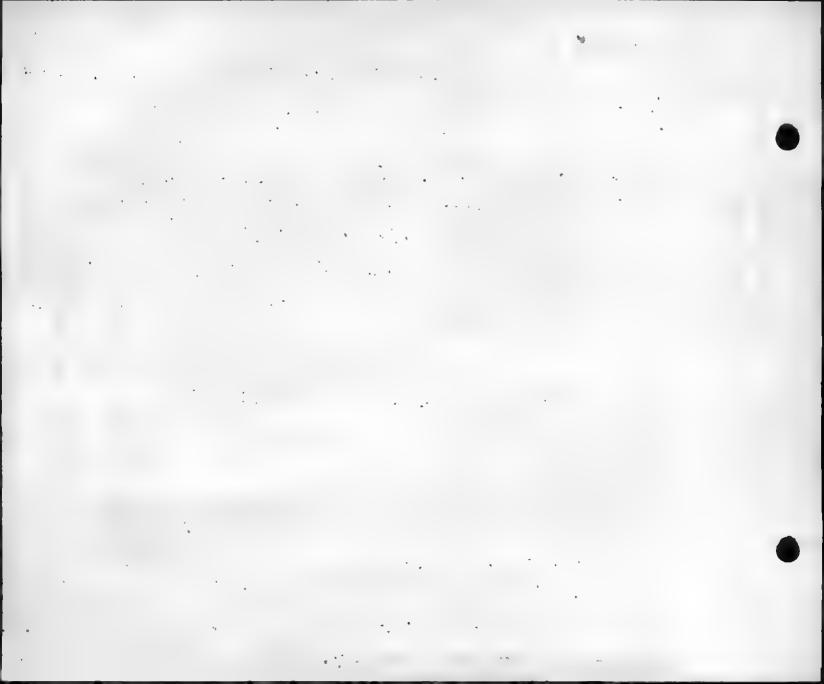


1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALIN DEPI.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN D Month Doy Year 2b HOUS (Type or Print) 0 F ESTI- 2 - 18
ny is age	3 SEX 4 RACE DATE OF BIRTH 6 AGE III years IF JADER 7 VEAR IF UNDER 24 MRS 20 DATE PRONOUNCED DEAD 26 HOUSE
8 2 4	F JULY 23 - 1966 6 WONTHS DAYS MOURS MIN Month 3 Doy 18 Year 168 335
E CAND	TO BIRTHPLACE (State or foreign To CITIZEN OF WHAT COUNTRY? 8 MARRIED MEYER MARRIED 9. COUNTY OF DEATH
- Ja - G	COUNTRY MARYLAND USA WIDOWED DIVORCED CARBOLL
Pages with far	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY
the the	UNION BRIDGE KURAL MT UNION ROAD HOUSEWIFE OWN HOME
haurs after deatitem 18 Give Pag Office along with and 2 with the Sf	130 LSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CTY OR TOWN, 13d IMSDE CITY LIMITS? 13e STREET AND NUMBER Odmission) WHAT VLAND 13b COUNTY CARROLL VINION BRIDGE YES NO NO ROUTE /
haurs tem 1 Office and 2	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	CHARLES MARTIN SADIE HALL
f within 24 in pencil in Examiner's File pages in 72 havrs	160 WAS DECEASED EVER N.L.S. ARMED FORCES? 166 SOC AL SECURITY NO 17 INFORMANT ADDRESS
with pell years xam	(Tes, no, of unix jown) (It yes give wor or dates of service) NONE STERLING N ROWE UNION BRIDGE M
99 [−] = ÷ =	PART I. DEATH WAS CAUSED BY.
e executed pending lef Medical sit	16.9 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF MAD STEP IN A CON
d be exected "pend" Chief Metransit Fir	Conditions, if only, which gove
	rise to immediate couse (a). (b) Storing the underlying couse (DUE TO, OR AS A CONSEQUENCE OF
일 후 그는 그를 근	lost. (c)
a 4 4 4 6	PART 2 OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO NO EXTERNAL CAUSE WAS 21b T ME OF INRY Month Doy, Year 21c HDW INJURY OF REPORT OF DATE
and	YES NO PER STERNAL CAUSE WAS 21b T ME OF IN RY Month Doy, Year 21c HDW INJURY OF RRED (Enter no Pool party "Not 1. or Dorth Item, 18)
	210 EXTERNAL CAUSE WAS 21b T MF OF INRY Month Doy, Year 21c HOW INJURY OF REED (Enter running of pury in for 1 or buff them 18) 4 PRIMARY OF OR CONTR BUTING 30 P.M. 5-19 19 68 21d INURY OF CURRED 21e PLAGE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. (1 or Town) 21d INJURY OF CURRED 21e PLAGE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. (1 or Town)
33 ± 6 =	
XAM Ute th Ige 4 your lage crem	AT WORK AT WORK AT WORK AT WORK ROAD RAI UNDER Bridge Carroll ind
ICAL 1 executor. Popular for CTEM: buriol	22a. I certify that I took charge af the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
se escripi	death resulted fram: Natural causes Accident . Suicide ., Homicide ., Undefermined manner .
directal	ACTUAL WELLOW ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED CONTRACTOR ASSISTANT MEDICAL EXAMIND CONTRACTOR ASSISTANT ASSISTANT ASSISTANT ASSISTANT ASSISTANT A
Jury, ple eral d be ret At	SIGNATURE STATEMENT STATEM
o DEPUTY necessary, the funeral s may be a o FINIMAL	NAME (Type) W GLENN SPEICHER LADER TOPHOLOGICAL CANALITY CONTRACTOR CONTRACTO
5 5 5 T	230 BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)
Bo	BURNEL MAY 21-1968 PIPE CREEK WEW WINDSOR RURAL MS 24 FUNERA, DIRECTOR 2 ADDRESS 250 REC D BY REGISTRAR 250 REG STRARS SIGNATURE
VR A15ME (5)	DU Hartsley & long Union Bridge The DATE DEAD O 1 1968
IVM KET . 00	Aurila Mil 3 1 1200 1.



DATE MA

Tipton - Eline Funeral Home Hampstead, Md.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		26920	C	ERTIFICA	TE OF DEATH		€ v (4,3 €				
		CEASED-NAME First	Middle AAAA		Last	20 DATE OF DEATH DO	Year / 2b HOLLR				
	3 S.E.	6-12170	RACE	SCHI	DATE OF BIRTH	6. AGE (In years	IF UNGER 1 YEAR F JNOER 24 HRS				
	7	FEMALE	WHITE		7 46 16.18	SSS lest butteday) YRS	MONTHS DAYS HOURS MIN				
	70 E		TIZEN OF WHAT COUNTRY?		NEVER WARKIED	COUNTY OF DEATH	A 1 I				
	4/1	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	===3	DIVORCED	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR				
	D	TH2 WESTMI	NS pure street address)	KIF 1		of working life, even if retired,					
		USUAL RESIDENCE (Where deceased live		13c CITY OR TO			2				
	adm:	ESP AT M De 13t	OUNTY ARROLL	MISTMI	YSKAR YE'Z NO	1 PINILE	KOAP				
	14 F	FATHER'S NAME First	Middle Last	15. M	OTHERS MAIDEN NAME Firs	Middle Middle	INGTON				
		WAS DECEASED EVER IN U.S. ARMED FO		0 17 INFO	RMANT : OPE	L. Tal Landings	31172				
	Y	'es, no, ar unknawn) (II yes give wer er date	215.34	.7244	POUT	EM2 NIE	CYMINSTE				
		IB. CAUSE OF DEATH (Enter only one PART 1 DEATH WAS CAUSED BY:	cause per line far (a), (b) and (c))			m +A	APPROXIMATE NTERVAL BETWEEN ONSET AND GEATH				
		IMMEDIATE CAL		>M	OF AO	16 117	WEEK				
		Conditions, if any, which gave)	ONLIE TO, OR AS A CONSEQUENCE OF	1650	LENGTIC	C.V. DIS	HVEADS				
		rise to immediate couse (o), (stating the underlying couse) DUE TO, OR AS A CONSEQUENCE OF									
		last. (c)									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)									
	NOIL	190 DATE OF OPERATION 196 CONDIT	TION FOR WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING				
	CERTIFICATI				YES MO	CAUSES OF DEATH?					
			21b. TIME OF INJURY HOUR A.M. Month Doy Year	21c HOW	INJURY OCCURRED (Enter n	noture of injury in Part 1 or Part 2	, Item 18)				
	MEDICAL	(If either, notify medical examiner)	P.M. 19	OBA y SIE TOCK	DOM Street or D. D. No.	City or Town	County State				
		While Nat while at work	OF INJURY (AT HOME, FARM STREET, FACTO	VII. J ZII 10CA	ION Street Of K.P V. NO	City of 1dwn	tosiny side				
		22a. I certify that (I) (this has	spital) ottended the decease	d fram_/	AY_, 196	2_ to_//// /, 1	96 that (I) (we) lost				
		sow the deceosed alive of couses stated obave. (1) (on19 (we) (did) (did not) view the b	ody ofter dec	iat in (my) (aur) apini ith.	an death occurred on the c	lote and hour and from the				
		22b SIGNATURE	0.0110000000	MD	ATTENDING - MEE		DATE SIGNED 7-60				
		Homes -	y welline	DEGREE		ECTOR PHYS.	3 CON				
		PHYSICIANS NAME (Type) PANI	ELI WEL	LIVE	F WES	TMINST	ENMAD				
\	230.	BURIAL, CREMATION, 235 DATE	23c NAME OF C	EMETERY OR CR	MATORY	23d LOCAT ON (City or Town)	(County) (State)				
)	1	REMOVAL (Specify) 5 3	0/68 MT. F.	LEASA	AI CLMe	DECKETAR DECKETAR	APROLL, MO				
68	24	San Saf	fell for WES THE	17NSTE	ALD DATE MAY		anles ludes				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs and in the state Dept. VR A15 (4) 30M REV 374



	to www for "	•	CERTIFICATE OF DEATH									J 8 9 2 4		
1. DI	ECEASED-NAME	First		Middle		Lost		2o. DATE O				2b. HO	UR	
(1	Type or print)	FREI	DERICK	CONRAD	SCI	HUCHHARD	T		Month 5	10	68	3:00		
3 56	X		4. RACE			S DATE OF B	IRTH		6 AGE (In year		F JHDER 1 YEAR	IF UNDER 24		
	Male			White		08/0	2/93		lost birthday	YRS.	ONTHS DAYS	HOURS	MIN	
	BIRTHPLACE (State or fo	oreign 7	TO CITIZEN OF WI	HAT COUNTRY?	8. MARR.E	D NEVER MAR		9. COUNTY O	F DEATH					
COUI	Marylan	d	U.S	. A.	WIDOWI		RCED 🗍	Car	roll				М	
10, 0	CITY OR TOWN OF DEAT		11 N	AME OF HOSPITAL OR INS	TITUTION (finat in haspital	12o USU		N (Kind of work		125 KIND OF	BUSINESS O	R	
	Sykesville	€	give	street address) pringfield	Stat	e Hosp.	Sto	re kee	g life, even if ret D er		Hardw	are		
13o	USUAL RESIDENCE (Wh	ere deceose	d lived of institut	ion: Residence before	13c CITY	OR TOWN	3d INS DE CITY .	IMITS? 13e. S	TREET AND NUM	BER				
Odini	ssion) STATE Mar	yland	13P COUNTA	Pa dil	Balt	mor e	-76		12 Cedar		t Road	d		
14. 1		rst	Middle	Lost		1S. MOTHER'S M.	AIDEN NAME I	First	Mi	ddie		Lost		
L		ENRY		SCHUCHHARD		MARG	ARET	DECK						
	WAS DECEASED EVER (es, no, or unknown)	N U.S. ARME (If yes give wor	or dates of second	166 SOCIAL SECURITY I		7 INFORMANT	4	-		dress				
-	no			214-01-978	9	Ho	spital	Recor	ds		I APPROY	IMATE INTERVAL	_	
	18. CAUSE OF DEATH PART I, DEATH V	HAC CAFEED	DV.	ne for (o), (b), and (c)								ONSET AND DEA	TH	
	TAKE L. DEATH	IMMEDIAT	E CAUSE (o)B	ronchopneu	monia	1				Days				
	Conditions of any ord	hub mana t		AS A CONSEQUENCE OF										
	Conditions if only, which gave his to immediate couse (a), (b) Pyelonephritis, right kidney DUE TO, OR AS A CONSEQUENCE OF										Days	- Wee	≥k	
	stoting the underlying couse (c) Arteriosclerotic heart disease										37.			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)													
				ral arteri						ion				
TON	190 DATE OF OPERATION			ICH OPERATION WAS PE		20o. AJTO		~	F YES, WERE FINI		SIDERED IN C	ERTIFYING		
a E			YES DO NO () CAUSES OF DEATH?											
CERT	210. ACCIDENT WAS	UNDERLYING	216 TIME O	F INTURY	210	HOW INJURY OC			ury in Port 1 or	Port 2, Ite	em 18.)	-		
MEDICAL CERTIFICATION	OR CONTRIBUTING (If either, notify med			Month Doy Year			· ·	·	,					
MED	21d. INJURY OCCURRI	D 21e. P		AT HOME, FARM, STREET, EAC OFFICE BUILDING, ETC.		LOCATION Street	et or R.F.D. No). Cit	y or Town		County	Sto	te	
	While Not while			Corner Building, Elc.										
	22o. I certify the	ot (# (this	hospitol) att	ended the decease	d from.	04/05/	65., 19.	, to	05/10/6	3, 19_	, that	1(t) (we)	lo	
	saw the dec	eased al	ve on <u>05</u>	/10/681 (dictions) view the	9(and that in (%	30 (our) op	inion deoth	occurred on	the date	e and hour	and from	th th	
	22b SIGNATURE /	a goode,	(M (Me) (ala)	CURDING NEW ITE	DOGY OTH	er deurir.				22c DA	ATE SIGNED	-		
	The state of the s	es	1/4	aalul.	Mo	/		MED. DIRECTOR	STAFF EX	1				
	22d. PHYSICIAN'S NAME (Type)	Hein _z	Klaatsc	h, M. D.		Spr		ld Sta	te Hospi	ital,	Sykes	5.,Md	<u>.</u>	
230.	BURIAL, CREMATION,	23b D/	NTE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCAT	10N (City or Tow	n)	(County)	(Stote)		
	REMOVAL (Specify) Burial	5/1	3/68	Balt	imor	6			imore,		Mo	l.		
24 T-I	FUNERAL DIRECTOR	ns &	Song (o. 4905	Vorb	Rd.	M	RY, REGISTRAR	1968 REGI	STRAR'S SI	GNATURE	es d'an		
	OH OUTEL	10 0	20110	Balto			DATE	10	NOU	-	100			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled and the filled and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. DE ATTENDING PRINCES: The law requires that the drath certificate be executed within TO HOSPITAL OF ATTENDING PRYNCING: The law requires the Page 4 may be retained by the haspital or attending physician.



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MARYLAND STATE DEPARTMENT OF HEALTH

RYLAND 21201

AIZIO	t OF	VIIAL	RECORDS,	301 /	W. I	PRESTO	N 2	TREEL,	BALIIMUKE,	, MAI
			(CERT	IFI	CATE	01	F DEA	TH	

												_
(Type or print)	First	MTN	Middle IN FRANK					OF DEATH Month	Day	Year	2b. Hou B: 00	
	(Type or pant) BENJAMIN				SCOTT		MA				IF UNDER 24 H	
3 SEX		4 RACE			S DATE OF BIRTH 2-5-1899 6. AGE (In years birthday)					HONTHS OAYS		HA.
Male		White				11		69	YRS.			
7a. BIRTHPLACE (State country)		7b. CITIZEN OF WHAT	COUNTRY?		D 🔲 NEVER MA	KKIED X	9. COUNTY	OF DEATH Carrol	3			
Mary		U.S.A.		WIDOWE		ORCED						Mo
10 CITY OR TOWN OF		1) NAME	OF HOSPITAL OR INS t oddress) ngfield	State	i nat in haspital		ast of worki	ON (Kind of w ng life, even i		12b. KIND OF INDUSTRY	BUSINESS OR	
		ed lived, if institution	Residence before	13c CITY C	OR TOWN	139' INZIDE CITA P	<u>Jabore</u> MITS? 13e.	STREET AND N	UMBER	1		_
odmission) STATE	` .	136_ COUNTY.	re City		imore	-		426 Ed	mondso	n Ave	•	
14. FATHER S NAME	First	Middle	Last		15 MOTHER'S M	ALIDEN NAME F			Middle		Last	
	XXXX	Benjamin !					XXXX	Mary	Hart	man		
16g. WAS DECEASED	EVER IN U.S. ARM	ent or dates of service)	SOCIAL SECURITY I		INFORMANT				Address			
Yes, no os unknov	(1)		Unk.	R	ecords,	Spring	field	State	Hospi			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										OMATE INTERVA. DNSET AND DEATH	
PART 1 DE	PART I DEATH WAS CAUSED BY. Metastatic carcinoma to ribs, lung, liver and								mont	ths		
,			CONSEQUENCE OF									
	ny, which gave)		cinoma o	f rig	ht kidn	ey, ren	noved	at ope	ration	year	2	
	iote couse (o),(derlying couse(DUE TO, OR AS A	CONSEQUENCE OF									
los†	.)		nchopneu							days		_
reacti	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Schizophrenic reaction, paranoid type											
19a. DATE OF OP	ERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS					FINDINGS CON	NSIDERED IN (ERTIFYING		
SE .				YES NO CAUSES OF DEATH?								
	WAS UNDERLYIN		TURY	21c	HOW INJURY OF	CURRED (Enter	r nature of i	njury in Port 1	or Port 2, Ite	am 18.)		_
OF CONTRIBUTION (If either, notification 21d INTIDES OF	G □ CAUSE DF DEAT y medicol exomi	ner) P.M.	Nonth Doy Year									
While Not		PLACE OF INJURY (AT	HDME, FARM, STREET, FAC ICE BUILDING, ETC.	CTDRY.) 21f	LOCATION Stre	eet or R.F.D. No.	. (lity ar Tawn		County	Stote	
at work at	work - 1			1 (11-5-2	5 10	- to	5=31=5	8 10	th o	+ //\ /\	_
ZZO. I certii	y inai (I) (in	is hospital) attend	eg the decease	ed from_	nd that in In	ny) (our) oni	nion deat	h occurred	on the date	, Indi	and fram	05 th
causes	stoted obeve	e, (1) {we) {did} {die	not) view the	body afte	r death.	utt faartobi	mon dear	ii occorred .	on the dan	c and naoi	did ironi	111
226 SIGNATURE		+ /	17.		ATTEND	INC - W	AED.	STAFE		ATE SIGNED		
	(Ridia C / Killy						NED IRECTOR [- 11113.		-31-68		
22d. PHYSICIAN		avio A. Ru	in Man		22e. AD	DRESS Spri						
NAME (Typ	e) (00.	ATTO AT ALU	Lug III D	•		Syke		e, Mar		2178	<u> </u>	
23a BURIAL, CREMA			23c NAME OF				1	ATION (City or		(County)	(Stote)	
BURYATE		-3-1968			Cemete			timore				
24. FUNERAL DIRECT			ADDRESS			2So. REC'D B	Y REGISTRAI		REGISTRAR'S S	IGNATURE		
Howard H	 Hubba: 	rd, 4107 W	ilkens A	ve.	21229	DATE 30	N = 3	1968	file	wer for	region	

funerol for and 2 rep deoth. M hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers, should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 h within TO HOSEITAL OR ATTENDING PHYSICIAN: The low requires that th≡ death certificate be ≡xecuted.
Page 4 may be retained by the hospital or attending physician

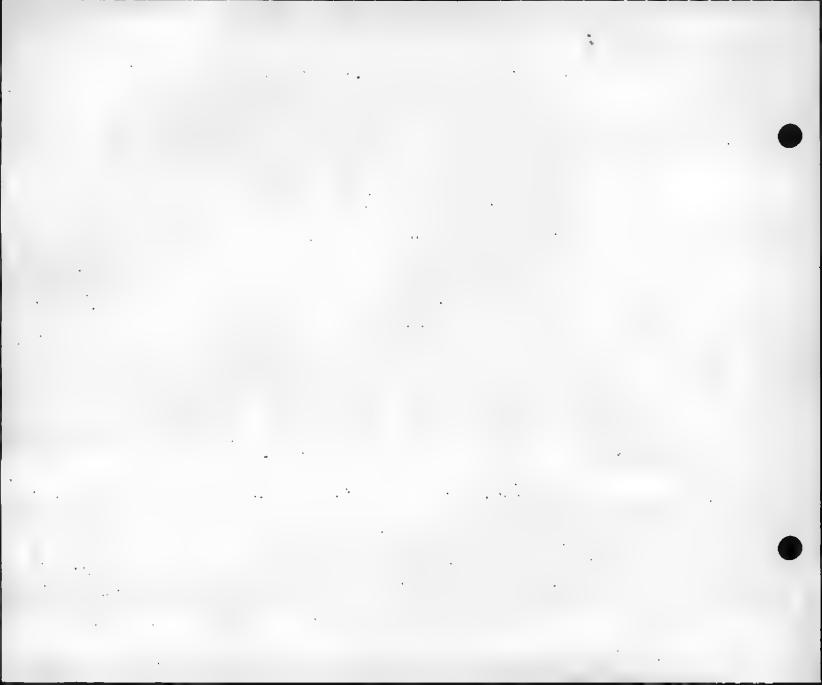
VR A15 (A) / 30M REV 1/48

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Frst Middle 20 DATE KNOWN (Type or Print) ESTI Page DEATH MATED 6 AGE [in years E UNDER 24 HRS 3 SEX 4 RACE 2c. DATE PRONOUNCED DEAD pup MONTHS HOURS last birthday, Day / YRS 70 BRTHP_ACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH USA DIVORCED WIDOWED o ong with far CARROLL 8. Give Pages 10. CTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (f not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address) INDUSTRY HOUS I.WN 13a USJAL RESIDENCE (Where deceased lived, if institut on Residence before 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 135. COUNTY lond 2 offer 14 FATHER S NAME Middle Last IS. MOTHER'S MAIDEN NAME Middle MARTIN SADIE hours ■o6e≡ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAŁ SECJRITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) File n 72 APPROXIMATE INTERVAL w thin 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET, AND DEATH Chief Medica! PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause forwarded to the = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 100 remova peen 190. DATE OF OPERATION 196 COND TON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nations of ing 0 MEDICAL PR MARY TOR CONTRIBUTING HOUR A.M. 130PM CAUSE OF DEATH 21d INJURY OCCURRED 2le PLACE OF INJURY (At home farm street 21f LOCATION Street or R FD No. Pagill AT WORK AT WORK 22a. I certify that I took charge of the remoins described obove, held an Autopsy [Inspection X Inqué and in my opin on Addent X death resulted from Natural rauses Suicide Ham.cide Undetermined manner ACTUAL may be re ASSISTANT MEDICAL EXAM NER SIGNATURE the funero **EXAMINER'S** Heolth NAME (Type) 50 P BURIAL CREMATION. 23b 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Last 2g, DATE OF DEATH 2b. HOUR (Type or print) Year Victoria Sodergren 3. SEX 4. RACE S. DATE OF RIRTH IF UNDER 1 YEAR AGE (In years last birthacy) 4-22-1897 Female White YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED K DIVORCED [WIDOWED [Maryland Carroll 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Springfield St. Hospital during most of working life, even if retired.) Sykesville Secretary 13a USUAL RESIDENCE (Where deceased fived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LUMIS? 13e. STREET AND NUMBER admission) STATE 3b_ COUNTY Hagerstown Il E. Antietam Street Maruland 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost Last Johann Victor Sodergren Lucy Groat 166 SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, ar unknawn) 212-09-2808 Springfield St. Hospital Records IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? CAUSES OF DEATH? YES 🔽 NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TOR CONTRIBUTING TAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) ottended the deceased from 1-18-58 saw the deceased alive on 5-25-68 19 , and that in (my) ___, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYS!CIAN'S NAME (Type) Glocrito Sagisi Springfield St. Hospital 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) REMOVAL (Specify) 5/29/68 ROSE HILL CEM. HAGERSTOWN WASHINGTON 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR

- HAGERSTOWN, MARYLAND

requires that the death certificate be executed within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH 60925 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36932 CERTIFICATE OF DEATH Middle lost 20. DATE OF DEATH DECEASED NAME First 2b. HOUR (Type or print) TAYLOR LEE BERNARD requires that the death certificate be executed within 24 hours after de IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years 48 203 4/29/20 Male White signed by the ottending physician and completely filled in by the buriol-transit permit. Then please remove carbon papers. Pag buriol, cremation, or removal, and in any event, within 72 hours 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED 7 country) U.S.A. West Va. WIDOWED [DIVORCED [Carroll County. 120 USJAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2b KIND OF BUSINESS OF Springfield State Hospital during most of working life, even if retired.) Sykesville 13a USUAL RESIDENCE (Where deceased lived, firstfution Residence before 1/3c City OR TOWN 13d INSIDE CITY DMLTS? 13e STREET AND NUMBER YES NO _ No fixed address City Baltimore 15 MOTHER'S MAIDEN NAME First 14 FATHER S NAME M. Verna Vixere Cutwright Sanford E. Taylor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (1 ves give war or dates of service) Records, Springfield State Hospital APPROX MATE INTERVAL BETWEEN DISET AND DEATH Sykesville, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) Acute massive myocardial infarction Days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Thrombosis of left coronary artery Davs rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN CONTRIBUTION CONTRIBUTION OF THE PART IN CONTRIBUTION CONTRIBUTION CONTRIBUTION OF THE PART IN CONTRIBUTION CONTRIBUTI with circulatory disturbance (stroke, cerebral thrombosis) without qualifying phrase phrase considered in certifying phrase considered in certifying considered in certification was performed. O HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be refained by the hospital or offending as the prior to t O FUNERAL DIRECTOR: After this certificate has been CAUSES OF DEATH? Yes NO [YES 3 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TO DR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No State 21d. NJURY OCCURRED City or Tawn County While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram 12/7/67 , 19 , ta 5/3/68 , 19 , that (I) (we) last saw the deceased drive on 5/3/68 19 , and that in (my) (aur) apinian death accurred an the date and haur and fram the director, poge 3 sh≡⊍ld should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING May 3, 1968 22e ADDRESS Springfield State Hospital 22d. PHYSICIAN S NAME (Type Octavio A. Ruiz. M.D. Sykesyille, Maryland 2178h 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) 23b. DATE 230 BURIAL, CREMATION 5-7-1968 Phillips Cemetery Coalton, West Virginia REGISTRARS/SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68

DATE

Howard H. Hubbard, 4107 Wilkens Ave.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Jhyda 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or pnnt) require≡ that th≡ death certificate be executed ==1thin 24 h≡urs after ≣eal physician and campletely filled in by the funera ESSE F JNDER 1 YEAR 3 SFX DATE OF BIRTH AGE (In years IF UNDER 24 HRS lost birthdoy) MONTHS ban papers. Page YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country WIDOWED DIVORCER CITY OR TOWN OF DEATH I NAME OF HOSPITAL OR INST TUTION (If not in hospitaly give street oddress) 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during-guest of working life, even if retired.) the attending physician and carban in nermit. Then please remove carban Long Kind Wassing Home 13c CITY OR TOWN 3d. INSIDE CITY LIM TS? 130. USLA. RESIDENCE (Where deceased lived, if Institution: Residence before 13e STREET AND NUMBER NICABU Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16b SOCIAL SECURITY NO. Address Yes, ng, or unknown) (If yes give war or dates of service) ar remayal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH (Enter only one cause per the for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE/R signed by the burial-transit p Canditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate by the haspital ar 21g, ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING - CAUSE OF DEATH HOUR A.M. Manth Day Year J. (If either, notify medical examiner) detached 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 662 1965, 1965, 1a.5 1965, that (I) (we) last saw the deceased alive an 430 1965, and that in (my) (our) apinian death accurred an the date and haur and from the þ director, page 3 should causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR Page 4 may 22d. PHYS CLAN S 22e. ADDRESS 23a_BURIAL, CREMATION 23d LOCATION (City or Town 23b. DATE (State) I CEMETER

2Sa REC'D BY REGISTRAR

2Sb

REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First M.ddie 2a DATE OF DEATH 2b law requires that the death certificate be executed within 24 hours ofter death. (Type or print) 6 AGE (In years IF UNCER 1 YEAR 3 SEX 4 RACE DATE OF BIRTH F JNDER 24 HRS MONTHS HOURS 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? physician and completely filled in by MARRIED X NEVER MARRIED country) WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR INDUSTRY pleose remove carbon 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 3e STREET AND NUMBER odmiss an) STATE 13b COUNT and in ony 14 FATHER S NAME Middle Middle Last JOSEPH NKNOWI 16g. WAS DECEASED EVER IN \$ ARMED FORCES? 17. INFORMANT or removol. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN OBSET AND DEAT PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) 10 Lemea DUE TO, OR AN A CONSEQUENCE OF Conditions, if any, which gave buriol-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE stating the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to O FUNERAL DIRECTOR: After this certificate hos been os the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES T NO [of Health by the hospitol or 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) ē OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor PM (If either, notify medical examiner) detached (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (1) (this hospital) afterded the deceased from 19.65 to 19 6 Sand that in (my) (aur) apinion death accurred on the date and hour and from the saw the deceased alive an . be retoined causes stated abave ((we) (did) (different) view the body after death 20b. SIGNATURI 22c DATE SIGNED AFTENDING MED DIRECTOR DEGREE PHYS. 22e ADDRESS PHYSIC AN S NAME (Type) director, BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) REMOVA. (Specify) FUNERAL DIRECTOR **ADDRESS** DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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wher death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, director, page 3 should be detached for use as the burial-transit permit. Then please remave carrian should be filed with the State Dept. af Health prior ta burial, cremation, or remaval, and in any event, with

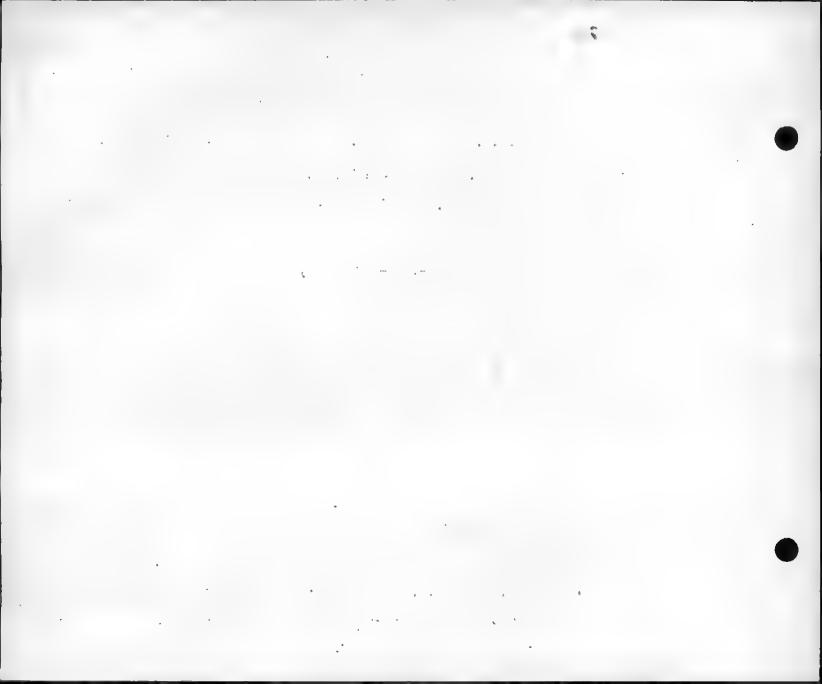
VR A15 [4] 30M REV 1/68 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

1 DECEASED-NAME	Eirst		Middle		Lost		2o. D/	ATE OF DEATH		2b HOUR
(Type or print)	Barn	ey	(NMN)	Wa	rd			Month 5/8/8	8 Yeor	11:15
3 SEX		4. RACE			S. DATE OF I	BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
Male			White			10/5/9	14	last biothday) YRS.	WOMING DWIS	HONKS -WIM
o. BIRTHPLACE (Stote country)	or foreign	76. CITIZEN OF W			NEVER MA	RRIED	9 COUN	TY OF DEATH		
Maine		U.S.A.		WIDOWED		ORCED		Carroll Coun		M
O CITY OR TOWN OF Sykesvil			AME OF HOSPITAL OR INS street oddress ringileld				L OCCUP	ATION (Kind of work done orking life, even if retired.)	12b KIND C INDUSTRY	OF BUSINESS OR
30 USUAL RESIDENCE		d lived funstatut	tion: Residence before	Piac CITY OR	TOWN	13d. INSIDE CITY LIA	MITS?	13e STREET AND NUMBER		
odmission) STATE	laryland	13b. COUNTY	Balto. Cit	Balt	imore	YES NO		1207 Delwood	Avenu	e
4. FATHER'S NAME	First	Middle	Lost			MAIDEN NAME FI	rst	M.ddle		Lost
	Irving		Ward				Mai	rgaret		
60 WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SECURITY N		NFORMANT			Address		
Yes, po, or unknown	1) (II kas Alsa ar	in or doubt of service]	265-10-23	28-A R	ecords	. Sprin	gfie	eld State Hos	pital	
			ne for (o), (b), ond (c).)						XIMATE INTERVAL I ONSET AND DEATH
PART I. DEA	TH WAS CAUSED	BY: TE CAUSE (6) D	iabetic ac	idosis					Но	urs
			AS A CONSEQUENCE OF							
Conditions, if on		(b)								
nse to immedia staling the und			AS A CONSEQUENCE OF							
lost.)	(t)								
	SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO	THE TERMIN	AL DISEASE ORCO	ONDITIO	N GIVEN IN PART 1(0)		
3/4/X										
190. DATE OF OPE	RATION 19b. (ONDITION FOR WE	HICH OPERATION WAS PE	RFORMED	2Do. AUT	OPSY?		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN	CERTIFYING
KTIE					YES [NO 🔀		CRUSES OF DEATH:		
		1		21c. H	OW INJURY O	CCURRED (Enter	noture	of injury in Port I or Port 2,	1tem 18.)	
OR CONTRIBUTING	medical exomin	er) P.M.	19							
21d INJURY OCC While □ Not v at work at w	URRED 21e.	PLACE OF INJURY	(AT HOME FARM STREET, FAC OFFICE BUILDING, ETC	TORY.) 211. LO	OCATION Str	eet or R.F.D No.		City or Town	County	State
22a L certify	that (I) (thi	s hospital) att	ended the decease	ed from	5/7/	68_, 19_	, †	o 5/8/689	, the	ot (I) (we) la
saw the	deceased al	ve an	5/8/68	9, on	d that in (r	ny) <u>(aur) o</u> pir	nion de	eath occurred on the do	ite and hou	r and from th
22b. SIGNATURE	rated above	, (1) (we) (ala)	(did nat) view the	body affer	deoth.			22-	DATE SIGNED	
	Clar	it a	Kuly	DEGI			ED. RECTOR	STAFF 🔀	5/8/68	
22d PHYSICIAN? NAME (Type		io A. R	uiz, M.D.		Spr	ingfiel	d S	lle, Maryland tate Hospital	. 2178	4
230 BUR AL, CREMATI GREMOVAL (Specif	ON, 236. C		230 NAME OF New		CREMATORY			OCAT ON (City or Town)	(County)	(Stole)
24 FUNERAL DIRECTO		rinht	And Daniel		nd	250. REC'D BY	REGIST	rar 256. REGISTRARS	SIGNATURE	Judge

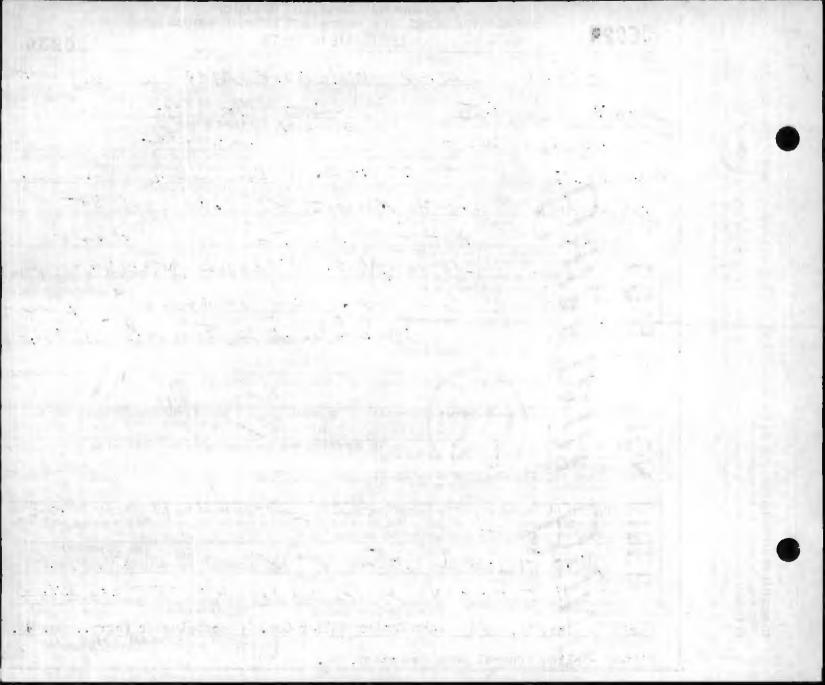


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

saw the deceased alive an
Sussemble Suss
3. SEX 4. RACE 5. DATE OF BIRTH 5. SO ATE OF BIRTH
CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street olders) 20.3 York St.
2 SHRIPITACE (Site or foreign 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED 1 1 1 1 1 1 1 1 1
Idea CHISTOR TOWN OF DEATH 11, NAME OF ROSPITAL OR INSTITUTION (If not in heapital give street oddress) 20 3 YO'R'S St. 130, USUAL RESIDENCE (Where deceased lived, if institutions residence belatore oddress) 20 3 YO'R'S St. 130, USUAL RESIDENCE (Where deceased lived, if institutions residence belatore oddress) 130, USUAL RESIDENCE (Where deceased lived, if institutions residence belatore oddress) 130, USUAL RESIDENCE (Where deceased lived, if institutions residence belatore oddress) 130, USUAL RESIDENCE (Where deceased lived, if institutions residence belatore oddress) 130, USUAL RESIDENCE (Where deceased lived, if institutions residence belatore oddress) 130, USUAL RESIDENCE (Where deceased lived, if institutions residence belatore oddress) 130, USUAL RESIDENCE (Where deceased lived, if institutions residence belatore oddress) 130, USUAL RESIDENCE (Where deceased lived, if institutions residence belatore oddress) 130, USUAL RESIDENCE (White Institutions residence belatore oddress) 130, USUAL RESIDENCE (Whi
10. CITY OR TOWN OF DEATH 11. NAME OF PROSPITAL OR INSTITUTION (II not in baspital 120. USUAL OCCUPATION (Kind of work done during most of working life, even it retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even it retired.) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence balpre 136. COUNTY 134. Mobile of working life, even it retired.) 136. COUNTY 136. MOBILE 136. COUNTY 136. COUNTY 136. COUNTY 136. COUNTY 136. COUNTY 136. MOBILE
130. USUAL RESIDENCE (Where decaded lived, if institution: Residence before odmission) SANTE 136. COUNTY 136. CUTY OR TOWN 136. Mobit off IMMIT 136. STREET AND MOMBER 136. CUTY OR TOWN 136. Mobit off IMMIT 136. STREET AND MOMBER 136. CUTY OR TOWN 136. Mobit off IMMIT 136. STREET AND MOMBER 136. CUTY OR TOWN 136. Mobit off IMMIT 136. STREET AND MOMBER 136. CUTY OR TOWN 136. Mobit off IMMIT 136. STREET AND MOMBER 136. CUTY OR TOWN 136. Mobit off IMMIT 136. STREET AND MOMBER 136. CUTY OR TOWN 136. Mobit off IMMIT 136. STREET AND MOMBER 136. CUTY OR TOWN 136. Mobit off IMMIT 136. MOTHERS MAILDEN NAME First Middle Lost 147. Model 147. Mother And Moment 147. Model
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130. USUAL RESIDENCE (Where deceased fived, if institution: Residence belove admission) 134. COUNTY 134. Residence belove 136. COUNTY 134. Residence 136. SOLIAL SECURITY NO. 175. INFORMANT 136. STREET AND MUMBER 136. COUNTY 134. Residence 136. SOLIAL SECURITY NO. 176. INFORMANT 136. STREET AND MUMBER 136. COUNTY 134. Residence 136. SOLIAL SECURITY NO. 134. Residence 136. SOLIAL SECURITY NO. 134. Residence 136. SOLIAL SECURITY NO. 136. MOTHERS MAIDEN NAME FIRST 136. STREET AND MUMBER 136. COUNTY 134. Residence 136. SOLIAL SECURITY NO. 134. Residence 136. SOLIAL SECURITY NO. 136. RESIDENCE 136. SOLIAL SECURITY NO. 136. RESIDENCE 136. SOLIAL SECURITY NO. 136. ROSTREAM NAME FIRST 136. SOLIAL SECURITY NAME FIRST 1
14. FATHER'S NAME Fight Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost HTV H
16a. WAS DECLASED EVER IN U.S. ARMED FORCES? Yes, no (set unknown) 1111
The continuous course per line far (p), (b), and (c).
The conditions of the properties and the course per line far (p), (b), and (c).
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 19b. TIME OF INJURY HOUR A.M. Month Doy P.M. 19 11a. INJURY OCCURRED While May work 11b. PART 2. I LOCATION Street or R.F.D. No. City or Town Country Stote 12c. Location Street or R.F.D. No. City or Town Country Stote 19c. DATE OF OPERATION 19c. CONTRIBUTING 21c. HOW INJURY OCCURRED While Not while or work at work 21c. HOW INJURY OCCURRED While Not while or Town Country Stote 19c. and thot in (my) (our) apinion death occurred an the date and hour and from the causes stoted obove (fig) (we) (and) (did not) view the body ofter death. ATTENDING A
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day 21c. HOW INJURY OCCURRED While of Work of Mark in the Condition of the Condition o
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A DIRECTOR L PHYS LIST S 1 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
22d. PHYSICIAN'S 22e. ADDRESS 2
NAME (Type) MI + FOATA M.D. MANCHESTE Md 21/02
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
REMOVAL (Specify)
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REDISTRAR'S SIGNATURE CONTROL OF THE PROPERTY SIGN

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. filled in by the function **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the farector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs afther



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE	OF DEATH	
CERTIFICATE	OF DEATH	

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	ECEASED-NAME First	1	Middle	Lost	2g. DATE OF DEATH		2b. HOUR
(1	Type ar print)	llian G.	Wise		May 23,	Do 1968 Year	7 A #
3. 50	EX	4. RACE		S. DATE OF BIRTH	1896 6. AGE (In year		IF UNDER 24 HRS.
	Female	Wh	ite	weteren Sep	T I I I I I I I I I I I I I I I I I I I	YRS. MONTHS DAYS	HOURS MIN
70.	BIRTHPLACE (Stote or foreign nitry Maryland	76. CITIZEN OF WHAT	THAT	RIED MEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	Carroll	Md.
10.	CITY OR TOWN OF DEATH Hampstead		OF HOSPITAL OR INSTITUTION to address) 21 S.	Main St. 12a. USL	JAL OCCUPATION (Kind of work of most of working life eyen if retired to the control of the contr		ONE ONE
	USUAL RESIDENCE (Where decedission) STATE	1 13k COUNTY		TY OR TOWN 13d, WHIDE CITY TYES A	LIMITS? 13e. STREET AND NUMBE 10 21 S. Ma		
14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME		lle	Lost
	Joseph	Teal			M. Miller		
160	. WAS DECEASED EVER IN U.S. AR	war or dates of service)	o. SOCIAL SECURITY NO.	17. INFORMANT	Addre		
	Yes, no, or unknown) (If yes give	2	17-12-3113	Mr. Harry Wi	se Hampstead,	Md. 21074	ATE INTERVAL
	18. CAUSE OF DEATH (Enter o		or (a), (b), and (c).)	.00	A .		SET AND DEATH
	PART I. DEATH WAS CAUSI	ED BY: IATE CAUSE (a)	ansola	ray of for	wilm	1/2-10	m
	Canditions, if any, which gove rise to immediate cause (a),	1 10	SONSEQUENCE OF	y arterla.	Schrosio.	Corpor	m
	stating the underlying cause lost.		CONSEQUENCE OF	meur	tus (Sum)	rolpa	N
N	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)		
CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g. AUTOPSY? YES NO P	20b. IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSIDERED IN CER	ETIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF OUR (If either, natify medical example)	ATH HOUR A.M. N	Month Day Year		er noture of injury in Port 1 or Po	ort 2, Item 18.)	
ME	21d. INJURY OCCURRED 21e While Not while at wark at wark	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY.) 1CE BUILDING, ETC.	RIF. LOCATION Street or R.F.D. N	o. City or Town	County	State
	22a, I certify that (I) (I) saw the deceased causes stoted obov	alive an 2	ed the deceosed from	, and that in (my) faur) or	oinion deoth occurred on the		(I) (we) last and from the
	22b. SIGNATURE Pa	rtirfii	ul	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 5-24.	-68
	22d. PHÝSICIAN'S NAME (Type) M.C.P	orterfield.	M. D.	22e. ADDRESS Hemps	tead, Md.		
230	presented to 15 V	DATE 25, 1968		own Meth. Cem.	23d. LOCATION (City or Town) Rei sterstow		(Stote)
24.	FUNERAL DIRECTOR		ADDRESS	0.4.4		RAR'S SIGNATURE	100 -
	Tipton - Elir	ne Funeral	Home Hampste	ead, Md. DATE MA	Y 27 1968 /C	harles Jus	700

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dwoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the function director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 12 hours are to buriol, cremation, or removal, and in any event, within 72 hours are companied.

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